

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: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/3/2021 5:04 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/3/2021	Time: 5:04 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 SAINT JAMES HOSPITAL (14-0161) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	30,745	-44,103	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	30,745	-44,103	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: 14-0161		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/3/2021 5:04 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2500 WEST REYNOLDS STREET			PO Box:				1.00	
2.00	City: PONTIAC			State: IL		Zip Code: 61764		County: LIVINGSTON	
		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			SAINT JAMES HOSPITAL	140161	99914	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			ST JAMES HOSPITAL SWING	14U161	99914		10/10/2002	N
8.00	Swing Beds - NF							P	N
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	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							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		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	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		
22.03	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	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		
				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.			160	172	0	0	563	23

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0161

Period:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		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.					10/01/2019	09/30/2020	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0161

Period:
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To 09/30/2020Worksheet S-2
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Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/3/2021 5:04 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	117,682	0	488,084118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	Y	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0161		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/3/2021 5:04 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 06101				141.00
142.00	Street: 800 N.E. GLEN OAK AVENUE		PO Box:						142.00
143.00	City: PEORIA		State: IL		Zip Code: 61603				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/3/2021 5:04 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	01/29/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/3/2021 5:04 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARLIN	SILVER		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-2870	MARLIN.L.SILVER@OSFHEALTHCAR E.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/3/2021 5:04 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REIMBURSEMENT SENIOR ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/3/2021 5:04 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	37	13,542	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)		37	13,542	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,830	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		42	15,372	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		42			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/3/2021 5:04 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)	2,834	122	4,962			1.00
2.00	HMO and other (see instructions)	1,052	747				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	56			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)	2,834	122	5,018			7.00
8.00	INTENSIVE CARE UNIT	514	18	867			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		8	282			13.00
14.00	Total (see instructions)	3,348	148	6,167	0.00	257.23	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	257.23	27.00
28.00	Observation Bed Days		198	1,115			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	23	36			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: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/3/2021 5:04 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	860	55	1,683	1.00
2.00 HMO and other (see instructions)			260	203		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	860	55	1,683	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/3/2021 5:04 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	17,940,006	400,876	18,340,882	554,220.00	33.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		580,442	0	580,442	5,217.00	111.26
4.00	Physician-Part A - Administrative		154,144	0	154,144	740.00	208.30
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		986,677	0	986,677	4,698.00	210.02
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		122,840	-1,638	121,202	5,610.00	21.60
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		719,431	0	719,431	10,038.00	71.67
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		11,925	0	11,925	75.00	159.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		4,228,819	0	4,228,819	119,187.00	35.48
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		5,084,625	0	5,084,625		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		46,533	0	46,533		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		85,195	0	85,195		
22.00	Physician Part A - Administrative		13,219	0	13,219		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		83,982	0	83,982		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,435,214	0	1,435,214		
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: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/3/2021 5:04 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	15,677	0	15,677	20.00	783.85	26.00
27.00	Administrative & General	5.00	1,082,477	1,501	1,083,978	19,147.00	56.61	27.00
28.00	Administrative & General under contract (see inst.)		365,929	0	365,929	2,585.00	141.56	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	456,029	632	456,661	17,151.00	26.63	30.00
31.00	Laundry & Linen Service	8.00	26,054	36	26,090	1,945.00	13.41	31.00
32.00	Housekeeping	9.00	607,139	-1,088	606,051	42,707.00	14.19	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	526,846	-365,178	161,668	9,451.00	17.11	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	363,744	363,744	20,960.00	17.35	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	903,694	-104,729	798,965	20,518.00	38.94	38.00
39.00	Central Services and Supply	14.00	127,377	177	127,554	6,136.00	20.79	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	127,963	177	128,140	5,897.00	21.73	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/3/2021 5:04 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)	16,738,816	400,876	17,139,692	546,890.00	31.34	1.00
2.00	Excluded area salaries (see instructions)	122,840	-1,638	121,202	5,610.00	21.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	16,615,976	402,514	17,018,490	541,280.00	31.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,960,175	0	4,960,175	129,300.00	38.36	4.00
5.00	Subtotal wage-related costs (see inst.)	6,533,058	0	6,533,058	0.00	38.39	5.00
6.00	Total (sum of lines 3 thru 5)	28,109,209	402,514	28,511,723	670,580.00	42.52	6.00
7.00	Total overhead cost (see instructions)	4,239,185	-104,728	4,134,457	146,517.00	28.22	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/3/2021 5:04 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	761,107	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)	171,156	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,033,936	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	44,273	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5	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	1,268,261	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	4	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	34,812	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,313,554	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: 14-0161

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 3/3/2021 5:04 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	719,431	5,313,554	1.00
2.00	Hospital	719,431	5,313,554	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 3/3/2021 5:04 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)			0.202631 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	3,406,164		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	39,041,435		6.00
7.00	Medicaid cost (line 1 times line 6)	7,911,005		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)	4,504,841		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)	4,504,841		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,753,448	805,127	4,558,575 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	760,565	805,127	1,565,692 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	760,565	805,127	1,565,692 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,913,076		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	208,682		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	321,049		27.01
28.00	Non-Medicare bad debt expense (see instructions)	3,592,027		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	840,223		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,405,915		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,910,756		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0161

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

Worksheet A

Date/Time Prepared:
3/3/2021 5:04 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		747,515	747,515	57,607	805,122	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,526,218	1,526,218	34,163	1,560,381	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,677	1,062,360	1,078,037	4,450,048	5,528,085	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,082,477	11,060,346	12,142,823	-1,285,041	10,857,782	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	734,715	734,715	-312,136	422,579	6.00
7.00	00700	OPERATION OF PLANT	456,029	1,128,678	1,584,707	-127,694	1,457,013	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,054	162,041	188,095	-7,895	180,200	8.00
9.00	00900	HOUSEKEEPING	607,139	231,864	839,003	-146,552	692,451	9.00
10.00	01000	DIETARY	526,846	331,641	858,487	-715,841	142,646	10.00
11.00	01100	CAFETERIA	0	0	0	565,306	565,306	11.00
13.00	01300	NURSING ADMINISTRATION	903,694	259,019	1,162,713	-314,693	848,020	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	127,377	621	127,998	-43,975	84,023	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	127,963	41,487	169,450	-40,087	129,363	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	472,557	472,557	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	580,442	0	580,442	0	580,442	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,105,427	3,906,762	7,012,189	-1,535,446	5,476,743	30.00
31.00	03100	INTENSIVE CARE UNIT	899,269	470,567	1,369,836	-182,126	1,187,710	31.00
43.00	04300	NURSERY	0	0	0	182,049	182,049	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,287,997	2,738,978	4,026,975	-2,553,832	1,473,143	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	533,521	533,521	52.00
53.00	05300	ANESTHESIOLOGY	1,030,013	285,362	1,315,375	-163,984	1,151,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	463,920	133,101	597,021	281,118	878,139	54.00
54.10	03630	ULTRA SOUND	259,014	73,003	332,017	-66,566	265,451	54.10
54.20	03440	MAMMOGRAPHY	125,847	30,279	156,126	-22,903	133,223	54.20
56.00	05600	RADIOISOTOPE	66,763	123,288	190,051	-22,293	167,758	56.00
57.00	05700	CT SCAN	159,263	250,030	409,293	-29,347	379,946	57.00
58.00	05800	MRI	168,629	57,031	225,660	-36,950	188,710	58.00
60.00	06000	LABORATORY	1,035,105	1,187,141	2,222,246	-229,922	1,992,324	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	147,964	147,964	0	147,964	63.00
64.00	06400	INTRAVENOUS THERAPY	154,256	62,316	216,572	-46,046	170,526	64.00
65.00	06500	RESPIRATORY THERAPY	291,908	308,341	600,249	-75,391	524,858	65.00
66.00	06600	PHYSICAL THERAPY	753,476	210,748	964,224	-81,336	882,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	229,711	57,876	287,587	-17,046	270,541	67.00
68.00	06800	SPEECH PATHOLOGY	138,628	75,654	214,282	-1,018	213,264	68.00
69.00	06900	ELECTROCARDIOLOGY	231,319	57,711	289,030	-44,842	244,188	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,930	117,797	289,727	-31,787	257,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-24,563	-24,563	870,439	845,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,401,515	1,401,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	556,607	1,622,945	2,179,552	17,601	2,197,153	73.00
76.00	03950	DIABETES SERVICES	69,548	15,701	85,249	-15,224	70,025	76.00
76.97	07697	CARDIAC REHABILITATION	77,971	15,756	93,727	-15,777	77,950	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	154,787	37,856	192,643	-33,711	158,932	90.00
91.00	09100	EMERGENCY	1,932,080	3,639,588	5,571,668	-601,310	4,970,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,817,166	32,887,737	50,704,903	65,153	50,770,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,062	9,873	26,935	-1,976	24,959	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,491	205,301	285,792	-59,349	226,443	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	1,076	1,076	192.01
192.02	19202	FUND DEVELOPMENT	21,001	127,301	148,302	-4,242	144,060	192.02
192.03	19203	PULMONARY FUNCTION	4,286	682	4,968	-662	4,306	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	17,940,006	33,230,894	51,170,900	0	51,170,900	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0161

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

Worksheet A

Date/Time Prepared:
3/3/2021 5:04 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	533,532	1,338,654	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	270,675	1,831,056	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-173,856	5,354,229	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,537,694	7,320,088	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,132	424,711	6.00
7.00	00700	OPERATION OF PLANT	0	1,457,013	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	180,200	8.00
9.00	00900	HOUSEKEEPING	0	692,451	9.00
10.00	01000	DIETARY	0	142,646	10.00
11.00	01100	CAFETERIA	-141,530	423,776	11.00
13.00	01300	NURSING ADMINISTRATION	378,204	1,226,224	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	84,023	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,626	113,737	16.00
17.00	01700	SOCIAL SERVICE	-45,436	427,121	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-580,442	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,834,022	3,642,721	30.00
31.00	03100	INTENSIVE CARE UNIT	-900	1,186,810	31.00
43.00	04300	NURSERY	0	182,049	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,473,143	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	533,521	52.00
53.00	05300	ANESTHESIOLOGY	-1,075,806	75,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-743	877,396	54.00
54.10	03630	ULTRA SOUND	0	265,451	54.10
54.20	03440	MAMMOGRAPHY	0	133,223	54.20
56.00	05600	RADIOISOTOPE	0	167,758	56.00
57.00	05700	CT SCAN	0	379,946	57.00
58.00	05800	MRI	0	188,710	58.00
60.00	06000	LABORATORY	3,187	1,995,511	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	147,964	63.00
64.00	06400	INTRAVENOUS THERAPY	0	170,526	64.00
65.00	06500	RESPIRATORY THERAPY	-1,800	523,058	65.00
66.00	06600	PHYSICAL THERAPY	-20,123	862,765	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	270,541	67.00
68.00	06800	SPEECH PATHOLOGY	0	213,264	68.00
69.00	06900	ELECTROCARDIOLOGY	0	244,188	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	257,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	845,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,401,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,197,153	73.00
76.00	03950	DIABETES SERVICES	-200	69,825	76.00
76.97	07697	CARDIAC REHABILITATION	-6,160	71,790	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	158,932	90.00
91.00	09100	EMERGENCY	-2,812,286	2,158,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,058,894	41,711,162	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,959	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	226,443	192.00
192.01	19201	CARDIAC PHASE III	0	1,076	192.01
192.02	19202	FUND DEVELOPMENT	0	144,060	192.02
192.03	19203	PULMONARY FUNCTION	0	4,306	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,058,894	42,112,006	200.00

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
3/3/2021 5:04 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	89,783		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	89,783		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	363,744	201,562		1.00
	0		363,744	201,562		
	C - REHAB ADMIN RECLASS					
1.00	PHYSICAL THERAPY	66.00	69,703	1,592		1.00
2.00	OCCUPATIONAL THERAPY	67.00	20,789	475		2.00
3.00	SPEECH PATHOLOGY	68.00	15,490	354		3.00
	0		105,982	2,421		
	D - NON-ALLOWABLE CARDIAC PHASE III COST					
1.00	CARDIAC PHASE III	192.01	895	181		1.00
	0		895	181		
	E - IMPLANT DEVICE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,401,515		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,401,515		
	F - MED SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	896,129		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	896,129		
	G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	46,886		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	46,886		
	H - SHORT TERM DISABILITY					
1.00	HOUSEKEEPING	9.00	0	1,930		1.00
2.00	DIETARY	10.00	0	2,165		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,872		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,779		4.00
5.00	LABORATORY	60.00	0	1,487		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	1,294		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,704		7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,180		8.00
	0		0	38,411		
	I - ALTERNATIVE BIRTHING CTR					
1.00	NURSERY	43.00	164,221	17,828		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	481,274	52,247		2.00
	0		645,495	70,075		
	J - BIO MED					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	390,492		1.00
2.00	LABORATORY	60.00	0	45,663		2.00
	0		0	436,155		
	K - MINISTRY ALLOCATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	375,029		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	124,019		2.00
3.00	SOCIAL SERVICE	17.00	0	472,557		3.00
4.00	PHYSICAL THERAPY	66.00	0	36,448		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	10,871		5.00
6.00	SPEECH PATHOLOGY	68.00	0	8,100		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	67,738		7.00
	0		0	1,094,762		
	L - SFMC/OSFMG RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	169,859		1.00
	0		0	169,859		

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	M - HOSPITALIST AND PALLIATIVE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	71,420		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,987		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	72,399		3.00
4.00	ADULTS & PEDIATRICS	30.00	414,431	0		4.00
			414,431	145,806		
	N - RECLASS EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,858,596		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	3,858,596		
	O - VACATION RECLASS					
1.00		0.00	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,501	0		2.00
3.00	OPERATION OF PLANT	7.00	632	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	36	0		4.00
5.00	HOUSEKEEPING	9.00	842	0		5.00
6.00	DIETARY	10.00	731	0		6.00
7.00	NURSING ADMINISTRATION	13.00	1,253	0		7.00
8.00	CENTRAL SERVICE & SUPPLY	14.00	177	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	177	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	4,306	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	1,247	0		11.00
12.00	OPERATING ROOM	50.00	1,786	0		12.00
13.00	ANESTHESIOLOGY	53.00	2,233	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	1,177	0		14.00
15.00	RADIOISOTOPE	56.00	93	0		15.00
16.00	CT SCAN	57.00	221	0		16.00
17.00	MRI	58.00	234	0		17.00
18.00	LABORATORY	60.00	1,435	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	214	0		19.00
20.00	RESPIRATORY THERAPY	65.00	405	0		20.00
21.00	PHYSICAL THERAPY	66.00	1,045	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	319	0		22.00
23.00	SPEECH PATHOLOGY	68.00	192	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	321	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	238	0		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	772	0		26.00
27.00	DIABETES SERVICES	76.00	96	0		27.00
28.00	CLINIC	90.00	215	0		28.00
29.00	EMERGENCY	91.00	2,679	0		29.00

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	24	0	30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	118	0	31.00
32.00	FUND DEVELOPMENT	192.02	29	0	32.00
33.00	CARDIAC REHABILITATION	76.97	108	0	33.00
	TOTALS		24,856	0	
500.00	Grand Total: Increases		1,555,403	8,452,141	500.00

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	64,005	12		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,778	13		2.00
3.00		0.00	0	0	13		3.00
4.00		0.00	0	0	13		4.00
5.00		0.00	0	0	13		5.00
	0		0	89,783			
	B - CAFETERIA RECLASS						
1.00	DIETARY	10.00	363,744	201,562	0		1.00
	0		363,744	201,562			
	C - REHAB ADMIN RECLASS						
1.00	NURSING ADMINISTRATION	13.00	105,982	2,421	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		105,982	2,421			
	D - NON-ALLOWABLE CARDIAC PHASE III COST						
1.00	CARDIAC REHABILITATION	76.97	895	181	0		1.00
	0		895	181			
	E - IMPLANT DEVICE						
1.00	OPERATING ROOM	50.00	0	1,371,372	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	4,453	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,690	0		3.00
	0		0	1,401,515			
	F - MED SUPPLIES CHARGED TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	867,315	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	4,014	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	617	0		3.00
4.00	EMERGENCY	91.00	0	24,183	0		4.00
	0		0	896,129			
	G - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	9,068	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,591	0		2.00
3.00	OPERATING ROOM	50.00	0	4,061	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	240	0		4.00
5.00	RADIOISOTOPE	56.00	0	54	0		5.00
6.00	CT SCAN	57.00	0	6,302	0		6.00
7.00	MRI	58.00	0	116	0		7.00
8.00	LABORATORY	60.00	0	50	0		8.00
9.00	INTRAVENOUS THERAPY	64.00	0	884	0		9.00
10.00	EMERGENCY	91.00	0	23,520	0		10.00
	0		0	46,886			
	H - SHORT TERM DISABILITY						
1.00	HOUSEKEEPING	9.00	1,930	0	0		1.00
2.00	DIETARY	10.00	2,165	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	5,872	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	4,779	0	0		4.00
5.00	LABORATORY	60.00	1,487	0	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	1,294	0	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,704	0	0		7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	18,180	0	0		8.00
	0		38,411	0			
	I - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	645,495	70,075	0		1.00
2.00		0.00	0	0	0		2.00
	0		645,495	70,075			
	J - BIO MED						
1.00	MAINTENANCE & REPAIRS	6.00	0	436,155	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	436,155			
	K - MINISTRY ALLOCATION RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,094,762	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	1,094,762			
	L - SFMC/OSFMG RECLASS						
1.00	EMERGENCY	91.00	0	169,859	0		1.00
	0		0	169,859			

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
3/3/2021 5:04 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	M - HOSPITALIST AND PALLIATIVE RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	560,237	0		1.00	
2.00		0.00	0	0	9		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
	0		0	560,237				
	N - RECLASS EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	200,174	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	128,326	0		2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	7,931	0		3.00	
4.00	HOUSEKEEPING	9.00	0	147,394	0		4.00	
5.00	DIETARY	10.00	0	151,266	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	207,543	0		6.00	
7.00	CENTRAL SERVICE & SUPPLY	14.00	0	39,699	0		7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	40,264	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	669,308	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	180,782	0		10.00	
11.00	OPERATING ROOM	50.00	0	312,870	0		11.00	
12.00	ANESTHESIOLOGY	53.00	0	162,203	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	109,694	0		13.00	
14.00	ULTRA SOUND	54.10	0	66,566	0		14.00	
15.00	MAMMOGRAPHY	54.20	0	22,903	0		15.00	
16.00	RADIOISOTOPE	56.00	0	22,332	0		16.00	
17.00	CT SCAN	57.00	0	23,266	0		17.00	
18.00	MRI	58.00	0	37,068	0		18.00	
19.00	LABORATORY	60.00	0	276,970	0		19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	45,376	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	75,796	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	190,124	0		22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	49,500	0		23.00	
24.00	SPEECH PATHOLOGY	68.00	0	25,154	0		24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	45,163	0		25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,025	0		26.00	
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	97,795	0		27.00	
28.00	DIABETES SERVICES	76.00	0	15,320	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	0	14,809	0		29.00	
30.00	CLINIC	90.00	0	33,926	0		30.00	
31.00	EMERGENCY	91.00	0	386,427	0		31.00	
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,000	0		32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	33,689	0		33.00	
34.00	FUND DEVELOPMENT	192.02	0	4,271	0		34.00	
35.00	PULMONARY FUNCTION	192.03	0	662	0		35.00	
	TOTALS		0	3,858,596				
	O - VACATION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,856	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	

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
3/3/2021 5:04 pm

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
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
	TOTALS		0	24,856		
500.00	Grand Total: Decreases		1,154,527	8,853,017		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/3/2021 5:04 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	600,013	0	0	0	0	1.00	
2.00	Land Improvements	2,239,549	62,047	0	62,047	0	2.00	
3.00	Buildings and Fixtures	38,002,997	311,803	0	311,803	0	3.00	
4.00	Building Improvements	7,095	0	0	0	0	4.00	
5.00	Fixed Equipment	21,893,924	800,292	0	800,292	12,114	5.00	
6.00	Movable Equipment	7,528	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	62,751,106	1,174,142	0	1,174,142	12,114	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	62,751,106	1,174,142	0	1,174,142	12,114	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	600,013	0				1.00	
2.00	Land Improvements	2,301,596	0				2.00	
3.00	Buildings and Fixtures	38,314,800	0				3.00	
4.00	Building Improvements	7,095	0				4.00	
5.00	Fixed Equipment	22,682,102	0				5.00	
6.00	Movable Equipment	7,528	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	63,913,134	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	63,913,134	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/3/2021 5:04 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	747,515	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,526,218	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,273,733	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	747,515				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,526,218				2.00
3.00	Total (sum of lines 1-2)	0	2,273,733				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	40,623,492	0	40,623,492	0.641628	33,934	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,689,630	0	22,689,630	0.358372	18,954	2.00
3.00	Total (sum of lines 1-2)	63,313,122	0	63,313,122	1.000000	52,888	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	23,673	0	57,607	1,281,047	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,222	0	32,176	1,798,880	0	2.00
3.00	Total (sum of lines 1-2)	36,895	0	89,783	3,079,927	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	33,934	23,673	0	1,338,654	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	18,954	13,222	0	1,831,056	2.00
3.00	Total (sum of lines 1-2)	0	52,888	36,895	0	3,169,710	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0161

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

Worksheet A-8

Date/Time Prepared:
3/3/2021 5:04 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	-5,672,683			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	-754,808			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-133,606	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-15,626	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-7,924	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-41,660	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	391,662	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	247,289	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	-580,442	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	HOSPITAL ADMINISTRATION	B	-50	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0161

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

Worksheet A-8

Date/Time Prepared:
3/3/2021 5:04 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
34.00 LOBBYING DUES INCLUDING AHA AND IHA	A	-18,545	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 UNEMPLOYMENT COMPENSATION	A	2,618	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 EMPLOYEE HEALTH	A	-8,534	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00 RECRUITING	A	-900	INTENSIVE CARE UNIT	31.00	0	37.00
38.00 MEDICAL TRNSPORT SERVICES	B	-47,135	EMERGENCY	91.00	0	38.00
39.00 LAB NON PATIENT CARE	B	-500	LABORATORY	60.00	0	39.00
39.01 CARDIAC REHAB	B	-6,160	CARDIAC REHABILITATION	76.97	0	39.01
40.00 RADIOLOGY-SILVER RECOVERY & FILM	B	-50	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00 CRNA EMPLOYEE BENEFITS	A	-91,871	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00 OTHER REVENUE - ADULTS AND PEDS	B	-1,252	ADULTS & PEDIATRICS	30.00	0	42.00
43.00 PART B EMPLOYEE BENEFIT OFFSET	A	-110,726	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.00
44.00 EMPLOYEE BENEFIT PART B ED SHARED	A	-169,859	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
45.00 HOSPITAL ADMIN - FARM INCOME	B	-65,643	ADMINISTRATIVE & GENERAL	5.00	0	45.00
46.00 RENTAL INCOME AND OTHER	B	-11,600	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00 PENSION COST	A	204,516	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
49.00 DIABETES SERVICES	B	-200	DIABETES SERVICES	76.00	0	49.00
49.01 OTHER REVENUE - PT	B	-20,123	PHYSICAL THERAPY	66.00	0	49.01
49.02 MARKETING AND ADVERTISING	A	-213	ADULTS & PEDIATRICS	30.00	0	49.02
49.03 OTHER REVENUES - ADMIN AND GENERAL	A	-1,252	ADMINISTRATIVE & GENERAL	5.00	0	49.03
49.04 MEDICAID ASSESSMENT TAX EXPENSE	A	-2,139,333	ADMINISTRATIVE & GENERAL	5.00	0	49.04
49.05 REVENUE CYCLE ADMINISTRATION	B	-385	ADMINISTRATIVE & GENERAL	5.00	0	49.05
49.06 RECRUITING	A	-1,800	RESPIRATORY THERAPY	65.00	0	49.06
49.07 PHYSICIAN RECRUITING	A	-900	ADULTS & PEDIATRICS	30.00	0	49.07
49.08 PHYSICIAN RECRUITING	A	-900	EMERGENCY	91.00	0	49.08
49.09 MARKETING AND ADVERTISING	A	-299	ADMINISTRATIVE & GENERAL	5.00	0	49.09
49.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.10
49.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,058,894				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: 14-0161

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

Worksheet A-8-1

Date/Time Prepared:
3/3/2021 5:04 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	141,870	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	549,132	525,746	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	375,029	375,029	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	4,221,119	5,757,487	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	124,019	124,019	3.02
3.03	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED BIO ME	137,413	137,413	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHG - POOLED BIOMED	300,049	300,049	3.04
3.05	60.00	LABORATORY	MINISTRY CHG - POOLED BIOMED	35,087	35,087	3.05
3.07	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED REHAB	36,448	36,448	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED REHAB	10,871	10,871	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED REHAB	8,100	8,100	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	273,650	273,650	3.10
4.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	1,936,132	1,708,868	4.00
4.01	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	378,204	0	4.01
4.02	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	427,121	472,557	4.02
4.03	6.00	MAINTENANCE & REPAIRS	SFI / PCI - ENGINEERING	24,251	19,842	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI - IMAGING	6,192	5,066	4.04
4.05	60.00	LABORATORY	SFI / PCI - LABORATORY	52,953	43,326	4.05
4.06	60.00	LABORATORY	SYSTEMS LAB	769,984	769,984	4.06
4.07	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION - EICU	135,645	135,645	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - CARE HUB	49,872	0	4.08
4.09	6.00	MAINTENANCE & REPAIRS	PCI HTM - ENGINEERING	54,117	56,394	4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTM - IMAGING	13,818	14,399	4.10
4.11	60.00	LABORATORY	PCI HTM - LABORATORY	118,168	123,139	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	SFI / PCI CREDENTIALING	72,773	72,468	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI EQUIP TECH	2,164	3,402	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,254,181	11,008,989	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	OSF HEALTHCARE SYSTEM	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0161

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

Worksheet A-8-1

Date/Time Prepared:
3/3/2021 5:04 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	141,870	9		1.00
2.00	23,386	9		2.00
3.00	0	0		3.00
3.01	-1,536,368	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	11		3.10
4.00	227,264	11		4.00
4.01	378,204	0		4.01
4.02	-45,436	0		4.02
4.03	4,409	0		4.03
4.04	1,126	0		4.04
4.05	9,627	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	49,872	0		4.08
4.09	-2,277	0		4.09
4.10	-581	0		4.10
4.11	-4,971	0		4.11
4.12	305	0		4.12
4.13	-1,238	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
5.00	-754,808			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	CATHOLIC SYSTEM	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0161

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

Worksheet A-8-2

Date/Time Prepared:
3/3/2021 5:04 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,831,657	1,831,657	0	200,300	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,138,418	1,027,790	110,628	239,400	544	2.00
3.00	60.00	LABORATORY	969	969	0	260,300	0	3.00
4.00	91.00	EMERGENCY	2,764,251	2,764,251	0	211,500	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,735,295	5,624,667	110,628		544	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	62,612	3,131	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			62,612	3,131	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,831,657		1.00
2.00	53.00	ANESTHESIOLOGY	0	62,612	48,016	1,075,806		2.00
3.00	60.00	LABORATORY	0	0	0	969		3.00
4.00	91.00	EMERGENCY	0	0	0	2,764,251		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	62,612	48,016	5,672,683		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,338,654	1,338,654			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,831,056		1,831,056		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,354,229	0	0	5,354,229	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,320,088	349,093	1,329,922	346,733	9,345,836
6.00	00600	MAINTENANCE & REPAIRS	424,711	9,246	0	0	433,957
7.00	00700	OPERATION OF PLANT	1,457,013	87,668	2,810	146,073	1,693,564
8.00	00800	LAUNDRY & LINEN SERVICE	180,200	6,001	0	8,345	194,546
9.00	00900	HOUSEKEEPING	692,451	25,694	6,201	193,858	918,204
10.00	01000	DIETARY	142,646	10,722	1,035	51,713	206,116
11.00	01100	CAFETERIA	423,776	23,926	2,310	116,351	566,363
13.00	01300	NURSING ADMINISTRATION	1,226,224	2,498	17,208	255,566	1,501,496
14.00	01400	CENTRAL SERVICE & SUPPLY	84,023	0	0	40,801	124,824
16.00	01600	MEDICAL RECORDS & LIBRARY	113,737	15,290	0	40,988	170,015
17.00	01700	SOCIAL SERVICE	427,121	0	0	0	427,121
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,642,721	111,079	33,710	918,929	4,706,439
31.00	03100	INTENSIVE CARE UNIT	1,186,810	23,857	1,028	286,520	1,498,215
43.00	04300	NURSERY	182,049	7,014	969	52,530	242,562
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,473,143	142,946	100,528	412,564	2,129,181
52.00	05200	DELIVERY ROOM & LABOR ROOM	533,521	20,543	2,841	153,946	710,851
53.00	05300	ANESTHESIOLOGY	75,585	0	22,173	14,576	112,334
54.00	05400	RADIOLOGY-DIAGNOSTIC	877,396	34,957	9,953	148,771	1,071,077
54.10	03630	ULTRA SOUND	265,451	2,472	15,805	82,851	366,579
54.20	03440	MAMMOGRAPHY	133,223	3,863	33,425	40,255	210,766
56.00	05600	RADIOISOTOPE	167,758	421	0	21,385	189,564
57.00	05700	CT SCAN	379,946	6,198	137,635	51,014	574,793
58.00	05800	MRI	188,710	10,585	51,495	54,014	304,804
60.00	06000	LABORATORY	1,995,511	19,144	9,036	331,084	2,354,775
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	147,964	0	0	0	147,964
64.00	06400	INTRAVENOUS THERAPY	170,526	0	0	49,410	219,936
65.00	06500	RESPIRATORY THERAPY	523,058	3,588	2,704	93,502	622,852
66.00	06600	PHYSICAL THERAPY	862,765	38,460	2,955	263,645	1,167,825
67.00	06700	OCCUPATIONAL THERAPY	270,541	14,938	78	80,230	365,787
68.00	06800	SPEECH PATHOLOGY	213,264	13,959	0	49,359	276,582
69.00	06900	ELECTROCARDIOLOGY	244,188	1,992	2,936	73,681	322,797
70.00	07000	ELECTROENCEPHALOGRAPHY	257,940	0	4,062	55,072	317,074
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	845,876	18,904	0	0	864,780
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,401,515	0	0	0	1,401,515
73.00	07300	DRUGS CHARGED TO PATIENTS	2,197,153	8,739	9,650	172,474	2,388,016
76.00	03950	DIABETES SERVICES	69,825	884	0	22,277	92,986
76.97	07697	CARDIAC REHABILITATION	71,790	11,564	6,112	24,689	114,155
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	158,932	39,387	0	49,581	247,900
91.00	09100	EMERGENCY	2,158,072	53,629	24,475	612,674	2,848,850
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,711,162	1,119,261	1,831,056	5,315,461	41,453,001
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,959	42,933	0	5,465	73,357
192.00	19200	PHYSICIANS' PRIVATE OFFICES	226,443	158,441	0	24,919	409,803
192.01	19201	CARDIAC PHASE III	1,076	137	0	286	1,499
192.02	19202	FUND DEVELOPMENT	144,060	17,882	0	6,727	168,669
192.03	19203	PULMONARY FUNCTION	4,306	0	0	1,371	5,677
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	42,112,006	1,338,654	1,831,056	5,354,229	42,112,006

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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3/3/2021 5:04 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	9,345,836					5.00
6.00	00600	MAINTENANCE & REPAIRS	123,777	557,734				6.00
7.00	00700	OPERATION OF PLANT	483,052	49,877	2,226,493			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,490	3,414	14,967	268,417		8.00
9.00	00900	HOUSEKEEPING	261,897	14,618	64,088	0	1,258,807	9.00
10.00	01000	DIETARY	58,790	6,100	26,744	0	15,677	10.00
11.00	01100	CAFETERIA	161,543	13,612	59,677	0	34,982	11.00
13.00	01300	NURSING ADMINISTRATION	428,269	1,421	6,231	0	3,653	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	35,603	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,493	8,699	38,136	0	22,355	16.00
17.00	01700	SOCIAL SERVICE	121,827	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,342,416	63,196	277,059	80,841	162,409	30.00
31.00	03100	INTENSIVE CARE UNIT	427,333	13,573	59,506	18,054	34,882	31.00
43.00	04300	NURSERY	69,185	3,990	17,494	3,036	10,255	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	607,302	81,326	356,543	52,002	209,002	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202,755	11,688	51,241	8,897	30,037	52.00
53.00	05300	ANESTHESIOLOGY	32,041	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,501	19,888	87,193	27,884	51,111	54.00
54.10	03630	ULTRA SOUND	104,559	1,407	6,167	0	3,615	54.10
54.20	03440	MAMMOGRAPHY	60,116	2,198	9,636	0	5,648	54.20
56.00	05600	RADIOISOTOPE	54,069	239	1,049	0	615	56.00
57.00	05700	CT SCAN	163,947	3,526	15,460	0	9,062	57.00
58.00	05800	MRI	86,939	6,022	26,402	0	15,477	58.00
60.00	06000	LABORATORY	671,648	10,892	47,750	0	27,991	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,203	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	62,732	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	177,655	2,042	8,951	0	5,247	65.00
66.00	06600	PHYSICAL THERAPY	333,096	21,881	95,929	5,517	56,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,333	8,498	37,258	0	21,840	67.00
68.00	06800	SPEECH PATHOLOGY	78,889	7,942	34,817	0	20,409	68.00
69.00	06900	ELECTROCARDIOLOGY	92,071	1,133	4,968	0	2,912	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,438	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	246,659	10,755	47,151	0	27,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	399,751	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	681,129	4,972	21,798	0	12,778	73.00
76.00	03950	DIABETES SERVICES	26,522	503	2,206	0	1,293	76.00
76.97	07697	CARDIAC REHABILITATION	32,560	6,579	28,843	0	16,907	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	70,708	22,409	98,241	0	57,588	90.00
91.00	09100	EMERGENCY	812,572	30,511	133,765	71,404	78,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,157,870	432,911	1,679,270	267,635	938,029	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,923	24,426	107,085	0	62,772	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116,887	90,145	395,192	782	231,659	192.00
192.01	19201	CARDIAC PHASE III	428	78	343	0	201	192.01
192.02	19202	FUND DEVELOPMENT	48,109	10,174	44,603	0	26,146	192.02
192.03	19203	PULMONARY FUNCTION	1,619	0	0	0	0	192.03
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)	9,345,836	557,734	2,226,493	268,417	1,258,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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3/3/2021 5:04 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	313,427					10.00
11.00	01100	CAFETERIA	0	836,177				11.00
13.00	01300	NURSING ADMINISTRATION	0	39,828	1,980,898			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	12,100	0	172,527		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,526	0	0	299,224	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	241,302	185,396	833,906	8,724	19,575	30.00
31.00	03100	INTENSIVE CARE UNIT	50,958	57,752	259,766	2,091	5,215	31.00
43.00	04300	NURSERY	2,243	9,065	40,773	0	647	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,353	78,384	352,566	0	36,066	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,571	0	0	0	1,897	52.00
53.00	05300	ANESTHESIOLOGY	0	20,263	0	1,266	4,667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,047	0	195	11,268	54.00
54.10	03630	ULTRA SOUND	0	0	0	54	7,388	54.10
54.20	03440	MAMMOGRAPHY	0	0	0	122	4,192	54.20
56.00	05600	RADIOISOTOPE	0	2,912	0	75	4,066	56.00
57.00	05700	CT SCAN	0	9,680	0	2,618	31,828	57.00
58.00	05800	MRI	0	10,090	0	760	10,740	58.00
60.00	06000	LABORATORY	0	79,286	0	2,847	58,041	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,155	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,860	0	878	980	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,950	0	3,225	4,270	65.00
66.00	06600	PHYSICAL THERAPY	0	40,443	0	281	5,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,946	0	183	3,107	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,752	0	2,713	1,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,536	0	312	9,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,870	0	0	2,625	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	55,073	7,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	83,111	12,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,304	0	239	25,932	73.00
76.00	03950	DIABETES SERVICES	0	4,102	18,449	2	208	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,496	0	63	832	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,813	0	18	845	90.00
91.00	09100	EMERGENCY	0	105,701	475,438	7,625	28,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	313,427	825,102	1,980,898	172,475	299,224	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	779	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,532	0	52	0	192.00
192.01	19201	CARDIAC PHASE III	0	82	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	1,682	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	313,427	836,177	1,980,898	172,527	299,224	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	548,948					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	445,734	0	8,366,997	0	8,366,997	30.00
31.00	03100	INTENSIVE CARE UNIT	77,882	0	2,505,227	0	2,505,227	31.00
43.00	04300	NURSERY	25,332	0	424,582	0	424,582	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,914,725	0	3,914,725	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,023,937	0	1,023,937	52.00
53.00	05300	ANESTHESIOLOGY	0	0	170,571	0	170,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,621,164	0	1,621,164	54.00
54.10	03630	ULTRA SOUND	0	0	489,769	0	489,769	54.10
54.20	03440	MAMMOGRAPHY	0	0	292,678	0	292,678	54.20
56.00	05600	RADIOISOTOPE	0	0	252,589	0	252,589	56.00
57.00	05700	CT SCAN	0	0	810,914	0	810,914	57.00
58.00	05800	MRI	0	0	461,234	0	461,234	58.00
60.00	06000	LABORATORY	0	0	3,253,230	0	3,253,230	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	191,322	0	191,322	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	293,386	0	293,386	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	843,192	0	843,192	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,726,460	0	1,726,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	554,952	0	554,952	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	430,216	0	430,216	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	447,148	0	447,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	421,007	0	421,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,259,146	0	1,259,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,897,101	0	1,897,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,155,168	0	3,155,168	73.00
76.00	03950	DIABETES SERVICES	0	0	146,271	0	146,271	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	205,435	0	205,435	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	509,522	0	509,522	90.00
91.00	09100	EMERGENCY	0	0	4,592,359	0	4,592,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	548,948	0	40,260,302	0	40,260,302	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	289,342	0	289,342	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,253,052	0	1,253,052	192.00
192.01	19201	CARDIAC PHASE III	0	0	2,631	0	2,631	192.01
192.02	19202	FUND DEVELOPMENT	0	0	299,383	0	299,383	192.02
192.03	19203	PULMONARY FUNCTION	0	0	7,296	0	7,296	192.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	548,948	0	42,112,006	0	42,112,006	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,817	349,093	1,329,922	1,719,832	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	9,246	0	9,246	0 6.00
7.00	00700	OPERATION OF PLANT	0	87,668	2,810	90,478	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,001	0	6,001	0 8.00
9.00	00900	HOUSEKEEPING	0	25,694	6,201	31,895	0 9.00
10.00	01000	DIETARY	0	10,722	1,035	11,757	0 10.00
11.00	01100	CAFETERIA	0	23,926	2,310	26,236	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	2,498	17,208	19,706	0 13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,290	0	15,290	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,180	111,079	33,710	157,969	0 30.00
31.00	03100	INTENSIVE CARE UNIT	5,060	23,857	1,028	29,945	0 31.00
43.00	04300	NURSEY	0	7,014	969	7,983	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	142,946	100,528	243,474	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,543	2,841	23,384	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	22,173	22,173	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,957	9,953	44,910	0 54.00
54.10	03630	ULTRA SOUND	0	2,472	15,805	18,277	0 54.10
54.20	03440	MAMMOGRAPHY	0	3,863	33,425	37,288	0 54.20
56.00	05600	RADIOISOTOPE	0	421	0	421	0 56.00
57.00	05700	CT SCAN	0	6,198	137,635	143,833	0 57.00
58.00	05800	MRI	0	10,585	51,495	62,080	0 58.00
60.00	06000	LABORATORY	26,426	19,144	9,036	54,606	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	31,197	3,588	2,704	37,489	0 65.00
66.00	06600	PHYSICAL THERAPY	0	38,460	2,955	41,415	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,938	78	15,016	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	13,959	0	13,959	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,992	2,936	4,928	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,410	0	4,062	70,472	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,904	0	18,904	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,741	8,739	9,650	63,130	0 73.00
76.00	03950	DIABETES SERVICES	0	884	0	884	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	11,564	6,112	17,676	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	39,387	0	39,387	0 90.00
91.00	09100	EMERGENCY	0	53,629	24,475	78,104	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,831	1,119,261	1,831,056	3,178,148	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,933	0	42,933	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	87,536	158,441	0	245,977	0 192.00
192.01	19201	CARDIAC PHASE III	0	137	0	137	0 192.01
192.02	19202	FUND DEVELOPMENT	0	17,882	0	17,882	0 192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0 192.03
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)	315,367	1,338,654	1,831,056	3,485,077	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/3/2021 5:04 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	1,719,832					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,778	32,024				6.00
7.00	00700	OPERATION OF PLANT	88,892	2,864	182,234			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,211	196	1,225	17,633		8.00
9.00	00900	HOUSEKEEPING	48,195	839	5,245	0	86,174	9.00
10.00	01000	DIETARY	10,819	350	2,189	0	1,073	10.00
11.00	01100	CAFETERIA	29,727	782	4,884	0	2,395	11.00
13.00	01300	NURSING ADMINISTRATION	78,811	82	510	0	250	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	6,552	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,924	499	3,121	0	1,530	16.00
17.00	01700	SOCIAL SERVICE	22,419	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	247,030	3,629	22,677	5,312	11,118	30.00
31.00	03100	INTENSIVE CARE UNIT	78,638	779	4,870	1,186	2,388	31.00
43.00	04300	NURSERY	12,732	229	1,432	199	702	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,756	4,670	29,182	3,416	14,308	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,311	671	4,194	584	2,056	52.00
53.00	05300	ANESTHESIOLOGY	5,896	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,219	1,142	7,137	1,832	3,499	54.00
54.10	03630	ULTRA SOUND	19,241	81	505	0	247	54.10
54.20	03440	MAMMOGRAPHY	11,063	126	789	0	387	54.20
56.00	05600	RADIOISOTOPE	9,950	14	86	0	42	56.00
57.00	05700	CT SCAN	30,170	202	1,265	0	620	57.00
58.00	05800	MRI	15,999	346	2,161	0	1,059	58.00
60.00	06000	LABORATORY	123,597	625	3,908	0	1,916	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,766	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,544	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	32,692	117	733	0	359	65.00
66.00	06600	PHYSICAL THERAPY	61,297	1,256	7,852	362	3,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,199	488	3,050	0	1,495	67.00
68.00	06800	SPEECH PATHOLOGY	14,517	456	2,850	0	1,397	68.00
69.00	06900	ELECTROCARDIOLOGY	16,943	65	407	0	199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,643	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,391	618	3,859	0	1,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,563	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,342	285	1,784	0	875	73.00
76.00	03950	DIABETES SERVICES	4,881	29	181	0	89	76.00
76.97	07697	CARDIAC REHABILITATION	5,992	378	2,361	0	1,157	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,012	1,287	8,041	0	3,942	90.00
91.00	09100	EMERGENCY	149,530	1,752	10,948	4,691	5,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,685,242	24,857	137,446	17,582	64,213	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,850	1,402	8,765	0	4,297	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,510	5,177	32,344	51	15,860	192.00
192.01	19201	CARDIAC PHASE III	79	4	28	0	14	192.01
192.02	19202	FUND DEVELOPMENT	8,853	584	3,651	0	1,790	192.02
192.03	19203	PULMONARY FUNCTION	298	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,719,832	32,024	182,234	17,633	86,174	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	26,188					10.00
11.00	01100	CAFETERIA	0	64,024				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,050	102,409			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	926	0	7,478		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	883	0	0	30,247	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,162	14,195	43,112	378	1,976	30.00
31.00	03100	INTENSIVE CARE UNIT	4,258	4,422	13,429	91	526	31.00
43.00	04300	NURSERY	187	694	2,108	0	65	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,032	6,002	18,227	0	3,640	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	549	0	0	0	192	52.00
53.00	05300	ANESTHESIOLOGY	0	1,551	0	55	471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,602	0	8	1,137	54.00
54.10	03630	ULTRA SOUND	0	0	0	2	746	54.10
54.20	03440	MAMMOGRAPHY	0	0	0	5	423	54.20
56.00	05600	RADIOISOTOPE	0	223	0	3	410	56.00
57.00	05700	CT SCAN	0	741	0	113	3,212	57.00
58.00	05800	MRI	0	773	0	33	1,084	58.00
60.00	06000	LABORATORY	0	6,071	0	123	5,906	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	117	63.00
64.00	06400	INTRAVENOUS THERAPY	0	678	0	38	99	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,451	0	140	431	65.00
66.00	06600	PHYSICAL THERAPY	0	3,097	0	12	530	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,068	0	8	314	67.00
68.00	06800	SPEECH PATHOLOGY	0	594	0	118	112	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,036	0	14	951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	832	0	0	265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,387	715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,604	1,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,555	0	10	2,617	73.00
76.00	03950	DIABETES SERVICES	0	314	954	0	21	76.00
76.97	07697	CARDIAC REHABILITATION	0	421	0	3	84	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	904	0	1	85	90.00
91.00	09100	EMERGENCY	0	8,093	24,579	330	2,834	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,188	63,176	102,409	7,476	30,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	653	0	2	0	192.00
192.01	19201	CARDIAC PHASE III	0	6	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	129	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	26,188	64,024	102,409	7,478	30,247	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	22,419					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,203		545,761	0	545,761	30.00
31.00	03100	INTENSIVE CARE UNIT	3,181		143,713	0	143,713	31.00
43.00	04300	NURSERY	1,035		27,366	0	27,366	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		435,707	0	435,707	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		68,941	0	68,941	52.00
53.00	05300	ANESTHESIOLOGY	0		30,146	0	30,146	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		119,486	0	119,486	54.00
54.10	03630	ULTRA SOUND	0		39,099	0	39,099	54.10
54.20	03440	MAMMOGRAPHY	0		50,081	0	50,081	54.20
56.00	05600	RADIOISOTOPE	0		11,149	0	11,149	56.00
57.00	05700	CT SCAN	0		180,156	0	180,156	57.00
58.00	05800	MRI	0		83,535	0	83,535	58.00
60.00	06000	LABORATORY	0		196,752	0	196,752	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		7,883	0	7,883	63.00
64.00	06400	INTRAVENOUS THERAPY	0		12,359	0	12,359	64.00
65.00	06500	RESPIRATORY THERAPY	0		73,412	0	73,412	65.00
66.00	06600	PHYSICAL THERAPY	0		119,671	0	119,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		40,638	0	40,638	67.00
68.00	06800	SPEECH PATHOLOGY	0		34,003	0	34,003	68.00
69.00	06900	ELECTROCARDIOLOGY	0		24,543	0	24,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		88,212	0	88,212	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		73,766	0	73,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		78,451	0	78,451	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		195,598	0	195,598	73.00
76.00	03950	DIABETES SERVICES	0		7,353	0	7,353	76.00
76.97	07697	CARDIAC REHABILITATION	0		28,072	0	28,072	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		66,659	0	66,659	90.00
91.00	09100	EMERGENCY	0		286,229	0	286,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,419	0	3,068,741	0	3,068,741	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		61,307	0	61,307	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		321,574	0	321,574	192.00
192.01	19201	CARDIAC PHASE III	0		268	0	268	192.01
192.02	19202	FUND DEVELOPMENT	0		32,889	0	32,889	192.02
192.03	19203	PULMONARY FUNCTION	0		298	0	298	192.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,419	0	3,485,077	0	3,485,077	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0161

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

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:04 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	155,933					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,798,880				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	16,738,703			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,664	1,306,553	1,083,978	-9,345,836	32,766,170	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,077	0	0	0	433,957	6.00
7.00	00700	OPERATION OF PLANT	10,212	2,761	456,661	0	1,693,564	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	699	0	26,090	0	194,546	8.00
9.00	00900	HOUSEKEEPING	2,993	6,092	606,051	0	918,204	9.00
10.00	01000	DIETARY	1,249	1,017	161,667	0	206,116	10.00
11.00	01100	CAFETERIA	2,787	2,269	363,744	0	566,363	11.00
13.00	01300	NURSING ADMINISTRATION	291	16,906	798,965	0	1,501,496	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	127,554	0	124,824	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	0	128,140	0	170,015	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	427,121	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,939	33,118	2,872,796	0	4,706,439	30.00
31.00	03100	INTENSIVE CARE UNIT	2,779	1,010	895,737	0	1,498,215	31.00
43.00	04300	NURSERY	817	952	164,221	0	242,562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,651	98,761	1,289,783	0	2,129,181	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,393	2,791	481,274	0	710,851	52.00
53.00	05300	ANESTHESIOLOGY	0	21,783	45,569	0	112,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,072	9,778	465,097	0	1,071,077	54.00
54.10	03630	ULTRA SOUND	288	15,527	259,014	0	366,579	54.10
54.20	03440	MAMMOGRAPHY	450	32,838	125,847	0	210,766	54.20
56.00	05600	RADIOISOTOPE	49	0	66,856	0	189,564	56.00
57.00	05700	CT SCAN	722	135,216	159,484	0	574,793	57.00
58.00	05800	MRI	1,233	50,590	168,863	0	304,804	58.00
60.00	06000	LABORATORY	2,230	8,877	1,035,054	0	2,354,775	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	147,964	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	154,470	0	219,936	64.00
65.00	06500	RESPIRATORY THERAPY	418	2,656	292,313	0	622,852	65.00
66.00	06600	PHYSICAL THERAPY	4,480	2,903	824,224	0	1,167,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,740	77	250,819	0	365,787	67.00
68.00	06800	SPEECH PATHOLOGY	1,626	0	154,310	0	276,582	68.00
69.00	06900	ELECTROCARDIOLOGY	232	2,884	230,345	0	322,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,991	172,168	0	317,074	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,202	0	0	0	864,780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,401,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,018	9,480	539,199	0	2,388,016	73.00
76.00	03950	DIABETES SERVICES	103	0	69,644	0	92,986	76.00
76.97	07697	CARDIAC REHABILITATION	1,347	6,005	77,184	0	114,155	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,588	0	155,002	0	247,900	90.00
91.00	09100	EMERGENCY	6,247	24,045	1,915,379	0	2,848,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	130,377	1,798,880	16,617,502	-9,345,836	32,107,165	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,001	0	17,086	0	73,357	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,456	0	77,904	0	409,803	192.00
192.01	19201	CARDIAC PHASE III	16	0	895	0	1,499	192.01
192.02	19202	FUND DEVELOPMENT	2,083	0	21,030	0	168,669	192.02
192.03	19203	PULMONARY FUNCTION	0	0	4,286	0	5,677	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,338,654	1,831,056	5,354,229		9,345,836	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.584802	1.017887	0.319871		0.285228	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,719,832	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.052488	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: 14-0161

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

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:04 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	114,192				6.00
7.00	00700	OPERATION OF PLANT	10,212	103,980			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	699	699	226,183		8.00
9.00	00900	HOUSEKEEPING	2,993	2,993	0	100,288	9.00
10.00	01000	DIETARY	1,249	1,249	0	1,249	10.00
11.00	01100	CAFETERIA	2,787	2,787	0	2,787	11.00
13.00	01300	NURSING ADMINISTRATION	291	291	0	291	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	1,781	0	1,781	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,939	12,939	68,121	12,939	30.00
31.00	03100	INTENSIVE CARE UNIT	2,779	2,779	15,213	2,779	31.00
43.00	04300	NURSERY	817	817	2,558	817	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,651	16,651	43,820	16,651	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,393	2,393	7,497	2,393	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,072	4,072	23,497	4,072	54.00
54.10	03630	ULTRA SOUND	288	288	0	288	54.10
54.20	03440	MAMMOGRAPHY	450	450	0	450	54.20
56.00	05600	RADIOISOTOPE	49	49	0	49	56.00
57.00	05700	CT SCAN	722	722	0	722	57.00
58.00	05800	MRI	1,233	1,233	0	1,233	58.00
60.00	06000	LABORATORY	2,230	2,230	0	2,230	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	418	418	0	418	65.00
66.00	06600	PHYSICAL THERAPY	4,480	4,480	4,649	4,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,740	1,740	0	1,740	67.00
68.00	06800	SPEECH PATHOLOGY	1,626	1,626	0	1,626	68.00
69.00	06900	ELECTROCARDIOLOGY	232	232	0	232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,202	2,202	0	2,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,018	1,018	0	1,018	73.00
76.00	03950	DIABETES SERVICES	103	103	0	103	76.00
76.97	07697	CARDIAC REHABILITATION	1,347	1,347	0	1,347	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,588	4,588	0	4,588	90.00
91.00	09100	EMERGENCY	6,247	6,247	60,169	6,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,636	78,424	225,524	74,732	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,001	5,001	0	5,001	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,456	18,456	659	18,456	192.00
192.01	19201	CARDIAC PHASE III	16	16	0	16	192.01
192.02	19202	FUND DEVELOPMENT	2,083	2,083	0	2,083	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	192.03
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)	557,734	2,226,493	268,417	1,258,807	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.884178	21.412704	1.186725	12.551920	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,024	182,234	17,633	86,174	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.280440	1.752587	0.077959	0.859265	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: 14-0161

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

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	20,386					11.00
13.00	01300	NURSING ADMINISTRATION	971	10,737				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	295	0	2,909,376			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	281	0	8	198,687,571		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	6,111	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,520	4,520	147,122	12,998,202	4,962	30.00
31.00	03100	INTENSIVE CARE UNIT	1,408	1,408	35,264	3,462,617	867	31.00
43.00	04300	NURSERY	221	221	0	429,910	282	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,911	1,911	0	23,948,480	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,259,918	0	52.00
53.00	05300	ANESTHESIOLOGY	494	0	21,341	3,099,205	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,147	0	3,284	7,481,765	0	54.00
54.10	03630	ULTRA SOUND	0	0	908	4,905,503	0	54.10
54.20	03440	MAMMOGRAPHY	0	0	2,064	2,783,695	0	54.20
56.00	05600	RADIOISOTOPE	71	0	1,260	2,699,564	0	56.00
57.00	05700	CT SCAN	236	0	44,152	21,133,800	0	57.00
58.00	05800	MRI	246	0	12,820	7,131,433	0	58.00
60.00	06000	LABORATORY	1,933	0	48,016	38,538,666	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	767,127	0	63.00
64.00	06400	INTRAVENOUS THERAPY	216	0	14,811	650,818	0	64.00
65.00	06500	RESPIRATORY THERAPY	462	0	54,384	2,835,628	0	65.00
66.00	06600	PHYSICAL THERAPY	986	0	4,736	3,489,641	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	340	0	3,085	2,062,888	0	67.00
68.00	06800	SPEECH PATHOLOGY	189	0	45,743	738,535	0	68.00
69.00	06900	ELECTROCARDIOLOGY	330	0	5,255	6,254,354	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	265	0	0	1,742,840	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	928,714	4,707,124	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,401,515	8,448,951	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	495	0	4,028	17,219,414	0	73.00
76.00	03950	DIABETES SERVICES	100	100	35	138,219	0	76.00
76.97	07697	CARDIAC REHABILITATION	134	0	1,070	552,233	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	288	0	296	561,128	0	90.00
91.00	09100	EMERGENCY	2,577	2,577	128,583	18,645,913	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		20,116	10,737	2,908,494	198,687,571	6,111	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	208	0	882	0	0	192.00
192.01	19201	CARDIAC PHASE III	2	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	41	0	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)		836,177	1,980,898	172,527	299,224	548,948	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		41.017218	184.492689	0.059300	0.001506	89.829488	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		64,024	102,409	7,478	30,247	22,419	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		3.140587	9.537953	0.002570	0.000152	3.668630	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: 14-0161

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

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.10	03630	ULTRA SOUND	54.10
54.20	03440	MAMMOGRAPHY	54.20
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	DIABETES SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	CARDIAC PHASE III	192.01
192.02	19202	FUND DEVELOPMENT	192.02
192.03	19203	PULMONARY FUNCTION	192.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:04 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	8,366,997		8,366,997	0	8,366,997	30.00
31.00	03100	INTENSIVE CARE UNIT	2,505,227		2,505,227	0	2,505,227	31.00
43.00	04300	NURSERY	424,582		424,582	0	424,582	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,914,725		3,914,725	0	3,914,725	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,023,937		1,023,937	0	1,023,937	52.00
53.00	05300	ANESTHESIOLOGY	170,571		170,571	48,016	218,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,621,164		1,621,164	0	1,621,164	54.00
54.10	03630	ULTRA SOUND	489,769		489,769	0	489,769	54.10
54.20	03440	MAMMOGRAPHY	292,678		292,678	0	292,678	54.20
56.00	05600	RADIOISOTOPE	252,589		252,589	0	252,589	56.00
57.00	05700	CT SCAN	810,914		810,914	0	810,914	57.00
58.00	05800	MRI	461,234		461,234	0	461,234	58.00
60.00	06000	LABORATORY	3,253,230		3,253,230	0	3,253,230	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	191,322		191,322	0	191,322	63.00
64.00	06400	INTRAVENOUS THERAPY	293,386		293,386	0	293,386	64.00
65.00	06500	RESPIRATORY THERAPY	843,192	0	843,192	0	843,192	65.00
66.00	06600	PHYSICAL THERAPY	1,726,460	0	1,726,460	0	1,726,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	554,952	0	554,952	0	554,952	67.00
68.00	06800	SPEECH PATHOLOGY	430,216	0	430,216	0	430,216	68.00
69.00	06900	ELECTROCARDIOLOGY	447,148		447,148	0	447,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	421,007		421,007	0	421,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,259,146		1,259,146	0	1,259,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,897,101		1,897,101	0	1,897,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,155,168		3,155,168	0	3,155,168	73.00
76.00	03950	DIABETES SERVICES	146,271		146,271	0	146,271	76.00
76.97	07697	CARDIAC REHABILITATION	205,435		205,435	0	205,435	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	509,522		509,522	0	509,522	90.00
91.00	09100	EMERGENCY	4,592,359		4,592,359	0	4,592,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,535,165		1,535,165		1,535,165	92.00
200.00		Subtotal (see instructions)	41,795,467	0	41,795,467	48,016	41,843,483	200.00
201.00		Less Observation Beds	1,535,165		1,535,165		1,535,165	201.00
202.00		Total (see instructions)	40,260,302	0	40,260,302	48,016	40,308,318	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:04 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	9,377,761		9,377,761			30.00
31.00	03100	INTENSIVE CARE UNIT	3,462,617		3,462,617			31.00
43.00	04300	NURSERY	429,910		429,910			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,296,463	15,652,017	23,948,480	0.163464	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	665,574	594,344	1,259,918	0.812701	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,219,035	1,880,170	3,099,205	0.055037	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,041,600	6,440,165	7,481,765	0.216682	0.000000	54.00
54.10	03630	ULTRA SOUND	326,659	4,578,844	4,905,503	0.099841	0.000000	54.10
54.20	03440	MAMMOGRAPHY	0	2,783,695	2,783,695	0.105140	0.000000	54.20
56.00	05600	RADIOISOTOPE	244,269	2,455,295	2,699,564	0.093567	0.000000	56.00
57.00	05700	CT SCAN	3,216,794	17,917,006	21,133,800	0.038370	0.000000	57.00
58.00	05800	MRI	798,533	6,332,900	7,131,433	0.064676	0.000000	58.00
60.00	06000	LABORATORY	8,214,364	30,324,302	38,538,666	0.084415	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	268,758	498,369	767,127	0.249401	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,609	647,209	650,818	0.450796	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,762,403	1,073,225	2,835,628	0.297356	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	587,589	2,902,052	3,489,641	0.494739	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	466,478	1,596,410	2,062,888	0.269017	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	69,983	668,552	738,535	0.582526	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,132,772	5,121,582	6,254,354	0.071494	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,000	1,730,840	1,742,840	0.241564	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,511,485	2,195,639	4,707,124	0.267498	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,356,056	2,092,895	8,448,951	0.224537	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,822,480	10,396,934	17,219,414	0.183233	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	138,219	138,219	1.058255	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	21,936	530,297	552,233	0.372008	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	561,128	561,128	0.908032	0.000000	90.00
91.00	09100	EMERGENCY	2,685,369	15,960,544	18,645,913	0.246293	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,434,044	2,186,397	3,620,441	0.424027	0.000000	92.00
200.00		Subtotal (see instructions)	61,428,541	137,259,030	198,687,571			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	61,428,541	137,259,030	198,687,571			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:04 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
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.163464			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.812701			52.00
53.00	05300	ANESTHESIOLOGY	0.070530			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216682			54.00
54.10	03630	ULTRA SOUND	0.099841			54.10
54.20	03440	MAMMOGRAPHY	0.105140			54.20
56.00	05600	RADIOISOTOPE	0.093567			56.00
57.00	05700	CT SCAN	0.038370			57.00
58.00	05800	MRI	0.064676			58.00
60.00	06000	LABORATORY	0.084415			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.249401			63.00
64.00	06400	INTRAVENOUS THERAPY	0.450796			64.00
65.00	06500	RESPIRATORY THERAPY	0.297356			65.00
66.00	06600	PHYSICAL THERAPY	0.494739			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269017			67.00
68.00	06800	SPEECH PATHOLOGY	0.582526			68.00
69.00	06900	ELECTROCARDIOLOGY	0.071494			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.241564			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267498			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224537			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183233			73.00
76.00	03950	DIABETES SERVICES	1.058255			76.00
76.97	07697	CARDIAC REHABILITATION	0.372008			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.908032			90.00
91.00	09100	EMERGENCY	0.246293			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.424027			92.00
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: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:04 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,366,997		8,366,997	0	8,366,997	30.00
31.00	03100	INTENSIVE CARE UNIT	2,505,227		2,505,227	0	2,505,227	31.00
43.00	04300	NURSERY	424,582		424,582	0	424,582	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,914,725		3,914,725	0	3,914,725	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,023,937		1,023,937	0	1,023,937	52.00
53.00	05300	ANESTHESIOLOGY	170,571		170,571	48,016	218,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,621,164		1,621,164	0	1,621,164	54.00
54.10	03630	ULTRA SOUND	489,769		489,769	0	489,769	54.10
54.20	03440	MAMMOGRAPHY	292,678		292,678	0	292,678	54.20
56.00	05600	RADIOISOTOPE	252,589		252,589	0	252,589	56.00
57.00	05700	CT SCAN	810,914		810,914	0	810,914	57.00
58.00	05800	MRI	461,234		461,234	0	461,234	58.00
60.00	06000	LABORATORY	3,253,230		3,253,230	0	3,253,230	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	191,322		191,322	0	191,322	63.00
64.00	06400	INTRAVENOUS THERAPY	293,386		293,386	0	293,386	64.00
65.00	06500	RESPIRATORY THERAPY	843,192	0	843,192	0	843,192	65.00
66.00	06600	PHYSICAL THERAPY	1,726,460	0	1,726,460	0	1,726,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	554,952	0	554,952	0	554,952	67.00
68.00	06800	SPEECH PATHOLOGY	430,216	0	430,216	0	430,216	68.00
69.00	06900	ELECTROCARDIOLOGY	447,148		447,148	0	447,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	421,007		421,007	0	421,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,259,146		1,259,146	0	1,259,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,897,101		1,897,101	0	1,897,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,155,168		3,155,168	0	3,155,168	73.00
76.00	03950	DIABETES SERVICES	146,271		146,271	0	146,271	76.00
76.97	07697	CARDIAC REHABILITATION	205,435		205,435	0	205,435	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	509,522		509,522	0	509,522	90.00
91.00	09100	EMERGENCY	4,592,359		4,592,359	0	4,592,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,535,165		1,535,165		1,535,165	92.00
200.00		Subtotal (see instructions)	41,795,467	0	41,795,467	48,016	41,843,483	200.00
201.00		Less Observation Beds	1,535,165		1,535,165		1,535,165	201.00
202.00		Total (see instructions)	40,260,302	0	40,260,302	48,016	40,308,318	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:04 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,377,761		9,377,761			30.00
31.00	03100	INTENSIVE CARE UNIT	3,462,617		3,462,617			31.00
43.00	04300	NURSERY	429,910		429,910			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,296,463	15,652,017	23,948,480	0.163464	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	665,574	594,344	1,259,918	0.812701	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,219,035	1,880,170	3,099,205	0.055037	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,041,600	6,440,165	7,481,765	0.216682	0.000000	54.00
54.10	03630	ULTRA SOUND	326,659	4,578,844	4,905,503	0.099841	0.000000	54.10
54.20	03440	MAMMOGRAPHY	0	2,783,695	2,783,695	0.105140	0.000000	54.20
56.00	05600	RADIOISOTOPE	244,269	2,455,295	2,699,564	0.093567	0.000000	56.00
57.00	05700	CT SCAN	3,216,794	17,917,006	21,133,800	0.038370	0.000000	57.00
58.00	05800	MRI	798,533	6,332,900	7,131,433	0.064676	0.000000	58.00
60.00	06000	LABORATORY	8,214,364	30,324,302	38,538,666	0.084415	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	268,758	498,369	767,127	0.249401	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,609	647,209	650,818	0.450796	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,762,403	1,073,225	2,835,628	0.297356	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	587,589	2,902,052	3,489,641	0.494739	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	466,478	1,596,410	2,062,888	0.269017	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	69,983	668,552	738,535	0.582526	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,132,772	5,121,582	6,254,354	0.071494	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,000	1,730,840	1,742,840	0.241564	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,511,485	2,195,639	4,707,124	0.267498	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,356,056	2,092,895	8,448,951	0.224537	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,822,480	10,396,934	17,219,414	0.183233	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	138,219	138,219	1.058255	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	21,936	530,297	552,233	0.372008	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	561,128	561,128	0.908032	0.000000	90.00
91.00	09100	EMERGENCY	2,685,369	15,960,544	18,645,913	0.246293	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,434,044	2,186,397	3,620,441	0.424027	0.000000	92.00
200.00		Subtotal (see instructions)	61,428,541	137,259,030	198,687,571			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	61,428,541	137,259,030	198,687,571			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:04 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
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
54.10	03630	ULTRA SOUND	0.000000			54.10
54.20	03440	MAMMOGRAPHY	0.000000			54.20
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	DIABETES SERVICES	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/3/2021 5:04 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	545,761	0	545,761	6,077	89.81	30.00
31.00	INTENSIVE CARE UNIT	143,713		143,713	867	165.76	31.00
43.00	NURSERY	27,366		27,366	282	97.04	43.00
200.00	Total (lines 30 through 199)	716,840		716,840	7,226		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	2,834	254,522				30.00
31.00	INTENSIVE CARE UNIT	514	85,201				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	3,348	339,723				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/3/2021 5:04 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	435,707	23,948,480	0.018194	3,208,493	58,375	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,941	1,259,918	0.054719	14,486	793	52.00
53.00	05300	ANESTHESIOLOGY	30,146	3,099,205	0.009727	472,228	4,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,486	7,481,765	0.015970	601,878	9,612	54.00
54.10	03630	ULTRA SOUND	39,099	4,905,503	0.007970	169,319	1,349	54.10
54.20	03440	MAMMOGRAPHY	50,081	2,783,695	0.017991	0	0	54.20
56.00	05600	RADIOISOTOPE	11,149	2,699,564	0.004130	162,994	673	56.00
57.00	05700	CT SCAN	180,156	21,133,800	0.008525	1,528,672	13,032	57.00
58.00	05800	MRI	83,535	7,131,433	0.011714	442,345	5,182	58.00
60.00	06000	LABORATORY	196,752	38,538,666	0.005105	4,406,468	22,495	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,883	767,127	0.010276	128,615	1,322	63.00
64.00	06400	INTRAVENOUS THERAPY	12,359	650,818	0.018990	2,898	55	64.00
65.00	06500	RESPIRATORY THERAPY	73,412	2,835,628	0.025889	1,037,373	26,857	65.00
66.00	06600	PHYSICAL THERAPY	119,671	3,489,641	0.034293	341,587	11,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	40,638	2,062,888	0.019700	265,414	5,229	67.00
68.00	06800	SPEECH PATHOLOGY	34,003	738,535	0.046041	51,811	2,385	68.00
69.00	06900	ELECTROCARDIOLOGY	24,543	6,254,354	0.003924	673,868	2,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,212	1,742,840	0.050614	11,052	559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,766	4,707,124	0.015671	1,121,292	17,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,451	8,448,951	0.009285	3,004,598	27,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,598	17,219,414	0.011359	3,502,302	39,783	73.00
76.00	03950	DIABETES SERVICES	7,353	138,219	0.053198	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	28,072	552,233	0.050834	13,993	711	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	66,659	561,128	0.118795	0	0	90.00
91.00	09100	EMERGENCY	286,229	18,645,913	0.015351	1,494,923	22,949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	100,136	3,620,441	0.027659	824,874	22,815	92.00
200.00		Total (lines 50 through 199)	2,452,037	185,417,283		23,481,483	298,597	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0161		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/3/2021 5:04 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	
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	6,077	0.00		2,834	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	867	0.00		514	31.00	
43.00	04300	NURSERY			0	282	0.00		0	43.00	
200.00		Total (lines 30 through 199)			0	7,226			3,348	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0161		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/3/2021 5:04 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
54.10	03630	ULTRA SOUND	0	0	0	0	0	54.10
54.20	03440	MAMMOGRAPHY	0	0	0	0	0	54.20
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	DIABETES SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	23,948,480	0.000000 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,259,918	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,099,205	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,481,765	0.000000 54.00
54.10	03630	ULTRA SOUND	0	0	0	4,905,503	0.000000 54.10
54.20	03440	MAMMOGRAPHY	0	0	0	2,783,695	0.000000 54.20
56.00	05600	RADIOISOTOPE	0	0	0	2,699,564	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	21,133,800	0.000000 57.00
58.00	05800	MRI	0	0	0	7,131,433	0.000000 58.00
60.00	06000	LABORATORY	0	0	0	38,538,666	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	767,127	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	650,818	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,835,628	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,489,641	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,062,888	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	738,535	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,254,354	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,742,840	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,707,124	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,448,951	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,219,414	0.000000 73.00
76.00	03950	DIABETES SERVICES	0	0	0	138,219	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	552,233	0.000000 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	561,128	0.000000 90.00
91.00	09100	EMERGENCY	0	0	0	18,645,913	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,620,441	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	185,417,283	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/3/2021 5:04 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	3,208,493	0	3,344,075	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,486	0	7,527	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	472,228	0	333,950	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	601,878	0	1,739,676	0	54.00
54.10	03630	ULTRA SOUND	0.000000	169,319	0	897,314	0	54.10
54.20	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.20
56.00	05600	RADIOISOTOPE	0.000000	162,994	0	936,246	0	56.00
57.00	05700	CT SCAN	0.000000	1,528,672	0	8,472,700	0	57.00
58.00	05800	MRI	0.000000	442,345	0	1,700,807	0	58.00
60.00	06000	LABORATORY	0.000000	4,406,468	0	3,251,713	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	128,615	0	120,140	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,898	0	322,279	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,037,373	0	390,692	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	341,587	0	2,176	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	265,414	0	5,864	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	51,811	0	23,193	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	673,868	0	1,743,090	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	11,052	0	668,047	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,121,292	0	549,337	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,004,598	0	327,643	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,502,302	0	417,050	0	73.00
76.00	03950	DIABETES SERVICES	0.000000	0	0	138,219	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	13,993	0	270,273	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	1,494,923	0	3,695,712	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	824,874	0	335,407	0	92.00
200.00		Total (lines 50 through 199)		23,481,483	0	29,693,130	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0161		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 3/3/2021 5:04 pm		
				Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.163464	3,344,075	0	0	546,636	50.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.812701	7,527	0	0	6,117	52.00		
53.00	05300	ANESTHESIOLOGY	0.055037	333,950	0	0	18,380	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216682	1,739,676	0	0	376,956	54.00		
54.10	03630	ULTRA SOUND	0.099841	897,314	0	0	89,589	54.10		
54.20	03440	MAMMOGRAPHY	0.105140	0	0	0	0	54.20		
56.00	05600	RADIOISOTOPE	0.093567	936,246	0	0	87,602	56.00		
57.00	05700	CT SCAN	0.038370	8,472,700	0	0	325,097	57.00		
58.00	05800	MRI	0.064676	1,700,807	0	0	110,001	58.00		
60.00	06000	LABORATORY	0.084415	3,251,713	1,500	0	274,493	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.249401	120,140	0	0	29,963	63.00		
64.00	06400	INTRAVENOUS THERAPY	0.450796	322,279	0	0	145,282	64.00		
65.00	06500	RESPIRATORY THERAPY	0.297356	390,692	0	0	116,175	65.00		
66.00	06600	PHYSICAL THERAPY	0.494739	2,176	0	0	1,077	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.269017	5,864	0	0	1,578	67.00		
68.00	06800	SPEECH PATHOLOGY	0.582526	23,193	0	0	13,511	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.071494	1,743,090	0	0	124,620	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.241564	668,047	0	0	161,376	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267498	549,337	0	0	146,947	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224537	327,643	0	0	73,568	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183233	417,050	0	36,810	76,417	73.00		
76.00	03950	DIABETES SERVICES	1.058255	138,219	0	0	146,271	76.00		
76.97	07697	CARDIAC REHABILITATION	0.372008	270,273	0	0	100,544	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.908032	0	0	0	0	90.00		
91.00	09100	EMERGENCY	0.246293	3,695,712	0	0	910,228	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.424027	335,407	0	0	142,222	92.00		
200.00		Subtotal (see instructions)		29,693,130	1,500	36,810	4,024,650	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00		
202.00		Net Charges (line 200 - line 201)		29,693,130	1,500	36,810	4,024,650	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/3/2021 5:04 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03630	ULTRA SOUND	0	0		54.10
54.20	03440	MAMMOGRAPHY	0	0		54.20
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	127	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,745		73.00
76.00	03950	DIABETES SERVICES	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	127	6,745		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	127	6,745		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/3/2021 5:04 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,133	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,077	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,962	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)		56	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)		2,834	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)		8,366,997	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)		8,366,997	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,366,997	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)		1,376.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,901,936	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)		3,901,936	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0161

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

Worksheet D-1

Date/Time Prepared:
3/3/2021 5:04 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	2,505,227	867	2,889.54	514	1,485,224
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,194,125
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,581,285
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					339,723
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					298,597
52.00	Total Program excludable cost (sum of lines 50 and 51)					638,320
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,942,965
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,115
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,376.83
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,535,165

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0161

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

Worksheet D-1

Date/Time Prepared:
3/3/2021 5:04 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	545,761	8,366,997	0.065228	1,535,165	100,136	90.00
91.00 Nursing School cost	0	8,366,997	0.000000	1,535,165	0	91.00
92.00 Allied health cost	0	8,366,997	0.000000	1,535,165	0	92.00
93.00 All other Medical Education	0	8,366,997	0.000000	1,535,165	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/3/2021 5:04 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		4,943,190		30.00
31.00	03100	INTENSIVE CARE UNIT		1,727,151		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.163464	3,208,493	524,473	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.812701	14,486	11,773	52.00
53.00	05300	ANESTHESIOLOGY	0.070530	472,228	33,306	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216682	601,878	130,416	54.00
54.10	03630	ULTRA SOUND	0.099841	169,319	16,905	54.10
54.20	03440	MAMMOGRAPHY	0.105140	0	0	54.20
56.00	05600	RADIOISOTOPE	0.093567	162,994	15,251	56.00
57.00	05700	CT SCAN	0.038370	1,528,672	58,655	57.00
58.00	05800	MRI	0.064676	442,345	28,609	58.00
60.00	06000	LABORATORY	0.084415	4,406,468	371,972	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.249401	128,615	32,077	63.00
64.00	06400	INTRAVENOUS THERAPY	0.450796	2,898	1,306	64.00
65.00	06500	RESPIRATORY THERAPY	0.297356	1,037,373	308,469	65.00
66.00	06600	PHYSICAL THERAPY	0.494739	341,587	168,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269017	265,414	71,401	67.00
68.00	06800	SPEECH PATHOLOGY	0.582526	51,811	30,181	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071494	673,868	48,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.241564	11,052	2,670	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267498	1,121,292	299,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224537	3,004,598	674,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183233	3,502,302	641,737	73.00
76.00	03950	DIABETES SERVICES	1.058255	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.372008	13,993	5,206	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.908032	0	0	90.00
91.00	09100	EMERGENCY	0.246293	1,494,923	368,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.424027	824,874	349,769	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,481,483	4,194,125	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)		23,481,483		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
3/3/2021 5:04 pm

		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			6,503,060	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			12,151	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			38.80	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)			14.93	31.00
32.00	Sum of lines 30 and 31			17.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.03	33.00
34.00	Disproportionate share adjustment (see instructions)			65,518	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/3/2021 5:04 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000052257		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	436,377	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	436,377	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		436,377		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)		7,017,106		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		8,528,320		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			8,528,320	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			517,489	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			9,045,809	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			9,045,809	61.00
62.00	Deductibles billed to program beneficiaries			866,624	62.00
63.00	Coinsurance billed to program beneficiaries			352	63.00
64.00	Allowable bad debts (see instructions)			158,955	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			103,321	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			135,451	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			8,282,154	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			30,662	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/3/2021 5:04 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)	2020	1,342,489	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		103,592	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,551,713	71.00
71.01	Sequestration adjustment (see instructions)		110,800	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		9,410,168	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)		30,745	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0161	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/3/2021 5:04 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,872	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,024,650	2.00
3.00	OPPS payments		4,020,032	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)		6,872	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		38,310	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)		38,310	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)		38,310	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31,438	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)		6,872	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		4,020,032	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		300	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		827,540	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)		3,199,064	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)		3,199,064	30.00
31.00	Primary payer payments		1,057	31.00
32.00	Subtotal (line 30 minus line 31)		3,198,007	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)		162,094	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		105,361	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		132,291	36.00
37.00	Subtotal (see instructions)		3,303,368	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,303,368	40.00
40.01	Sequestration adjustment (see instructions)		38,319	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		3,309,152	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)		-44,103	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/3/2021 5:04 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		9,410,168		3,309,152	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,410,168		3,309,152	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		30,745		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		44,103	6.02
7.00	Total Medicare program liability (see instructions)		9,440,913		3,265,049	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: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/3/2021 5:04 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

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

Provider CCN: 14-0161

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

Worksheet G

Date/Time Prepared:
3/3/2021 5:04 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	699,737	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,196,336	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,718,666	0	0	0	6.00
7.00	Inventory	953,485	0	0	0	7.00
8.00	Prepaid expenses	14,664	0	0	0	8.00
9.00	Other current assets	210,568	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	9,356,124	0	0	0	11.00
FIXED ASSETS						
12.00	Land	600,013	0	0	0	12.00
13.00	Land improvements	2,301,596	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	38,314,801	0	0	0	15.00
16.00	Accumulated depreciation	-24,608,344	0	0	0	16.00
17.00	Leasehold improvements	7,095	0	0	0	17.00
18.00	Accumulated depreciation	-2,144,355	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	22,689,630	0	0	0	23.00
24.00	Accumulated depreciation	-15,299,026	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	395,528	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	22,256,938	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	69,235,256	450,787	861,221	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	69,235,256	450,787	861,221	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	100,848,318	450,787	861,221	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,811,723	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,150	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	18,750	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	53,166	0	0	0	43.00
44.00	Other current liabilities	9,640,091	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,553,880	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	68,017	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	68,017	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,621,897	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	89,226,421				52.00
53.00	Specific purpose fund		450,787			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			861,221		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)	89,226,421	450,787	861,221	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	100,848,318	450,787	861,221	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0161

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

Worksheet G-1

Date/Time Prepared:
3/3/2021 5:04 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		83,771,133		510,980		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,617,580				2.00
3.00	Total (sum of line 1 and line 2)		100,388,713		510,980		3.00
4.00	PERMANENT RESTRICTED ASSETS - FOUNDA	0		0		223	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00	EQUITY TRANSFER	0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		100,388,713		510,980		11.00
12.00	TEMPORARY RESTRICTED ASSETS - FOUNDA	0		60,193		0	12.00
13.00	EQUITY TRANSFER	11,066,922		0		0	13.00
14.00	OTHER CHANGE	95,370		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)		11,162,292		60,193		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		89,226,421		450,787		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	860,998		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)	860,998		0			3.00
4.00	PERMANENT RESTRICTED ASSETS - FOUNDA		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00	EQUITY TRANSFER		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	223		0			10.00
11.00	Subtotal (line 3 plus line 10)	861,221		0			11.00
12.00	TEMPORARY RESTRICTED ASSETS - FOUNDA		0				12.00
13.00	EQUITY TRANSFER		0				13.00
14.00	OTHER CHANGE		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)	861,221		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/3/2021 5:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,807,671		9,807,671	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,807,671		9,807,671	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,462,617		3,462,617	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,462,617		3,462,617	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,270,288		13,270,288	17.00
18.00	Ancillary services	48,136,317	136,008,113	184,144,430	18.00
19.00	Outpatient services	21,936	1,229,644	1,251,580	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	2,603,888	9,999,792	12,603,680	27.00
27.01	OTHER NRCC	0	21,274	21,274	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	64,032,429	147,258,823	211,291,252	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		51,170,900		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		51,170,900		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0161

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

Worksheet G-3

Date/Time Prepared:
3/3/2021 5:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	211,291,252	1.00
2.00	Less contractual allowances and discounts on patients' accounts	152,945,743	2.00
3.00	Net patient revenues (line 1 minus line 2)	58,345,509	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	51,170,900	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,174,609	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	316,264	6.00
7.00	Income from investments	3,647,817	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	133,606	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	15,626	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	7,924	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	212,996	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	71,334	24.01
24.02	RISK VALUE BASED RESERVES	1,102,075	24.02
24.50	COVID-19 PHE Funding	4,148,544	24.50
25.00	Total other income (sum of lines 6-24)	9,656,186	25.00
26.00	Total (line 5 plus line 25)	16,830,795	26.00
27.00	TAXES	8,696	27.00
27.01	PENSION COST	204,519	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	213,215	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,617,580	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0161

Period:
From 10/01/2019
To 09/30/2020Worksheet L
Parts I-III
Date/Time Prepared:
3/3/2021 5:04 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	516,212	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,277	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)	16.02	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	517,489	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