

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: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/4/2021 10:48 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/4/2021	Time: 10:48 am
	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 ST. JOSEPH MEDICAL CENTER (14-0162) 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	-4,092	-47,358	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
7.00	SKILLED NURSING FACILITY	0	-1,446	0		0	7.00
200.00	Total	0	-5,538	-47,358	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: 14-0162		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/4/2021 10:48 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2200 E WASHINGTON			PO Box:				1.00			
2.00	City: BLOOMINGTON			State: IL		Zip Code: 61701		County: MCLEAN			
		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		ST. JOSEPH MEDICAL CENTER		140162	14060	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		ST. JOSEPH MEDICAL CENTER		145590	14060		01/01/1988	N	P	O
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019		09/30/2020		20.00
21.00	Type of Control (see instructions)						1				21.00
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			744	817	0	0	1,869	46	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/4/2021 10:48 am

		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.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/4/2021 10:48 am

	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/4/2021 10:48 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/4/2021 10:48 am	
			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: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/4/2021 10:48 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	396,953	0	291,169 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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: 14-0162		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/4/2021 10:48 am	
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 NE GLEN OAK AVE		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: 14-0162		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 3/4/2021 10:48 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	01/29/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	12/14/2020	Y	12/13/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/4/2021 10:48 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/4/2021 10:48 am

		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 REPORTING SENIOR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	30.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		137	50,142	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)		137	50,142	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		137	50,142	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	44.00	10	3,748		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		147			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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,035	533	25,813			1.00
2.00	HMO and other (see instructions)	5,541	2,686				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,035	533	25,813			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		211	1,542			13.00
14.00	Total (see instructions)	11,035	744	27,355	0.00	757.78	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	997	25	1,872	0.00	12.69	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	770.47	27.00
28.00	Observation Bed Days		555	3,360			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	46	174			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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,504	138	6,513	1.00
2.00 HMO and other (see instructions)			1,140	693		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	2,504	138	6,513	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	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/4/2021 10:48 am

	Wkst. A Line Number	Amount Reported	Reclassification 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	46,331,702	1,553,472	47,885,174	1,616,570.00	29.62 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		428,351	0	428,351	1,896.00	225.92 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		317,161	0	317,161	1,807.00	175.52 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	638,889	-5,128	633,761	26,389.00	24.02 9.00
10.00	Excluded area salaries (see instructions)		1,132,769	-2,181	1,130,588	38,910.00	29.06 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,347,765	0	3,347,765	45,961.00	72.84 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		180,135	0	180,135	792.00	227.44 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		13,049,494	0	13,049,494	367,794.00	35.48 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,029,833	0	11,029,833		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		271,862	0	271,862		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		27,710	0	27,710		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		26,310	0	26,310		
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)		4,428,854	0	4,428,854		
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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/4/2021 10:48 am

		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	35,707	0	35,707	524.00	68.14	26.00
27.00	Administrative & General	5.00	2,946,893	-11,992	2,934,901	76,595.00	38.32	27.00
28.00	Administrative & General under contract (see inst.)		1,285,540	0	1,285,540	8,732.00	147.22	28.00
29.00	Maintenance & Repairs	6.00	1,002,530	-6,456	996,074	41,625.00	23.93	29.00
30.00	Operation of Plant	7.00	232,906	-669	232,237	8,873.00	26.17	30.00
31.00	Laundry & Linen Service	8.00	30,619	-88	30,531	1,725.00	17.70	31.00
32.00	Housekeeping	9.00	1,612,039	-5,529	1,606,510	108,921.00	14.75	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	855,800	-339,013	516,787	29,785.00	17.35	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	79,517	335,540	415,057	24,609.00	16.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,371,840	-2,774	1,369,066	34,325.00	39.89	38.00
39.00	Central Services and Supply	14.00	97,840	-281	97,559	5,538.00	17.62	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	392,625	-1,128	391,497	16,736.00	23.39	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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/4/2021 10:48 am

	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)	47,300,081	1,553,472	48,853,553	1,623,495.00	30.09	1.00
2.00	Excluded area salaries (see instructions)	1,771,658	-7,309	1,764,349	65,299.00	27.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,528,423	1,560,781	47,089,204	1,558,196.00	30.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,577,394	0	16,577,394	414,547.00	39.99	4.00
5.00	Subtotal wage-related costs (see inst.)	15,486,397	0	15,486,397	0.00	32.89	5.00
6.00	Total (sum of lines 3 thru 5)	77,592,214	1,560,781	79,152,995	1,972,743.00	40.12	6.00
7.00	Total overhead cost (see instructions)	9,943,856	-32,390	9,911,466	357,988.00	27.69	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 3/4/2021 10:48 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,777,880	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)		378,557	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		5,618,003	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)		50,495	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	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		3,407,588	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		12,849	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		110,344	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,355,716	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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,347,765	11,355,716	1.00
2.00	Hospital	3,347,765	11,355,716	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 3/4/2021 10:48 am	
				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)		0.185868		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,241,938		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		106,425,617		6.00
7.00	Medicaid cost (line 1 times line 6)		19,781,117		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)		9,539,179		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)		9,539,179		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)	9,969,088	5,944,927	15,914,015	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,852,934	5,944,927	7,797,861	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,852,934	5,944,927	7,797,861	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)		8,745,009		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		398,457		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		613,011		27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,131,998		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,726,032		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,523,893		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,063,072		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,952,479	2,952,479	324,812	3,277,291	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,730,792	4,730,792	143,392	4,874,184	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,707	2,354,337	2,390,044	11,145,591	13,535,635	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,946,893	37,233,491	40,180,384	-4,244,621	35,935,763	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,002,530	3,247,292	4,249,822	-2,003,862	2,245,960	6.00
7.00	00700	OPERATION OF PLANT	232,906	1,629,130	1,862,036	329,601	2,191,637	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,619	521,766	552,385	-17,219	535,166	8.00
9.00	00900	HOUSEKEEPING	1,612,039	464,170	2,076,209	-391,836	1,684,373	9.00
10.00	01000	DIETARY	855,800	644,306	1,500,106	-699,143	800,963	10.00
11.00	01100	CAFETERIA	79,517	29,154	108,671	492,791	601,462	11.00
13.00	01300	NURSING ADMINISTRATION	1,371,840	417,356	1,789,196	-293,344	1,495,852	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97,840	28,819	126,659	-24,089	102,570	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	392,625	200,906	593,531	-56,312	537,219	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,438,969	1,438,969	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	227,742	227,742	0	227,742	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,294,994	12,615,327	27,910,321	-5,366,394	22,543,927	30.00
43.00	04300	NURSERY	0	0	0	400,966	400,966	43.00
44.00	04400	SKILLED NURSING FACILITY	638,889	171,311	810,200	-133,786	676,414	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,705,854	10,237,320	12,943,174	-8,555,634	4,387,540	50.00
51.00	05100	RECOVERY ROOM	425,159	81,649	506,808	-68,802	438,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	555	2,196	2,751	1,595,654	1,598,405	52.00
53.00	05300	ANESTHESIOLOGY	0	2,090,034	2,090,034	0	2,090,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,132,437	1,660,148	2,792,585	650,455	3,443,040	54.00
54.10	03440	MAMMOGRAPHY	265,739	87,347	353,086	73,817	426,903	54.10
54.20	03630	ULTRA SOUND	627,550	196,358	823,908	-55,495	768,413	54.20
54.30	05401	ECHOCARDIOLOGY	369,470	101,091	470,561	1,136	471,697	54.30
56.00	05600	RADIOISOTOPE	193,142	463,007	656,149	66,007	722,156	56.00
57.00	05700	CT SCAN	485,527	491,213	976,740	-93,232	883,508	57.00
58.00	05800	MRI	246,302	514,932	761,234	-33,504	727,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	801,639	3,005,891	3,807,530	-2,934,853	872,677	59.00
60.00	06000	LABORATORY	2,188,526	1,991,675	4,180,201	-254,788	3,925,413	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	514,131	514,131	0	514,131	63.00
64.00	06400	INTRAVENOUS THERAPY	214,143	64,900	279,043	-53,484	225,559	64.00
65.00	06500	RESPIRATORY THERAPY	795,930	616,013	1,411,943	-171,655	1,240,288	65.00
66.00	06600	PHYSICAL THERAPY	2,439,157	1,121,064	3,560,221	-798,794	2,761,427	66.00
67.00	06700	OCCUPATIONAL THERAPY	574,128	120,080	694,208	231,527	925,735	67.00
68.00	06800	SPEECH PATHOLOGY	359,821	282,004	641,825	-12,847	628,978	68.00
69.00	06900	ELECTROCARDIOLOGY	244,155	104,026	348,181	-84,220	263,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	494,659	283,944	778,603	-100,159	678,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	692,276	692,276	5,114,932	5,807,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,065,521	6,065,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,519,054	8,945,746	10,464,800	-49,263	10,415,537	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	676,418	676,418	0	676,418	76.00
76.20	03951	PAIN CLINIC	404,240	265,927	670,167	-78,307	591,860	76.20
76.97	07697	CARDIAC REHABILITATION	200,165	72,600	272,765	-63,894	208,871	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	281,981	840,649	1,122,630	-61,102	1,061,528	90.00
91.00	09100	EMERGENCY	3,637,401	7,917,764	11,555,165	-964,057	10,591,108	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)	45,198,933	110,908,781	156,107,714	410,475	156,518,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,155	51,080	181,235	-42,150	139,085	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	589,013	104,252	693,265	-278,343	414,922	192.00
192.10	19201	CARDIOLOGY CLINIC	12,496	8,545	21,041	-1,155	19,886	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	169,071	411,655	580,726	-43,611	537,115	192.20
192.30	19203	MCLEAN CO EMS	232,034	89,606	321,640	-46,679	274,961	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	1,463	1,463	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	46,331,702	111,573,919	157,905,621	0	157,905,621	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A

Date/Time Prepared:
3/4/2021 10:48 am

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	2,337,179	5,614,470	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,181,863	6,056,047	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	160,208	13,695,843	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-14,647,553	21,288,210	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,245,960	6.00
7.00	00700	OPERATION OF PLANT	0	2,191,637	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	535,166	8.00
9.00	00900	HOUSEKEEPING	0	1,684,373	9.00
10.00	01000	DIETARY	0	800,963	10.00
11.00	01100	CAFETERIA	-382,727	218,735	11.00
13.00	01300	NURSING ADMINISTRATION	1,159,338	2,655,190	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	102,570	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-63,335	473,884	16.00
17.00	01700	SOCIAL SERVICE	40,149	1,479,118	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-227,742	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,256,850	19,287,077	30.00
43.00	04300	NURSERY	0	400,966	43.00
44.00	04400	SKILLED NURSING FACILITY	0	676,414	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-250,996	4,136,544	50.00
51.00	05100	RECOVERY ROOM	0	438,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,598,405	52.00
53.00	05300	ANESTHESIOLOGY	-1,841,844	248,190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,472	3,471,512	54.00
54.10	03440	MAMMOGRAPHY	0	426,903	54.10
54.20	03630	ULTRA SOUND	0	768,413	54.20
54.30	05401	ECHOCARDIOLOGY	0	471,697	54.30
56.00	05600	RADIOISOTOPE	-9,498	712,658	56.00
57.00	05700	CT SCAN	0	883,508	57.00
58.00	05800	MRI	0	727,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	-800	871,877	59.00
60.00	06000	LABORATORY	-75,151	3,850,262	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	514,131	63.00
64.00	06400	INTRAVENOUS THERAPY	0	225,559	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,240,288	65.00
66.00	06600	PHYSICAL THERAPY	-227,037	2,534,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	-44,236	881,499	67.00
68.00	06800	SPEECH PATHOLOGY	-40,899	588,079	68.00
69.00	06900	ELECTROCARDIOLOGY	0	263,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	678,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,836	5,809,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,065,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,415,537	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	59,013	735,431	76.00
76.20	03951	PAIN CLINIC	-1,275	590,585	76.20
76.97	07697	CARDIAC REHABILITATION	-4,445	204,426	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-521	1,061,007	90.00
91.00	09100	EMERGENCY	-5,880,278	4,710,830	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)	-21,987,129	134,531,060	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	139,085	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	414,922	192.00
192.10	19201	CARDIOLOGY CLINIC	0	19,886	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	537,115	192.20
192.30	19203	MCLEAN CO EMS	0	274,961	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	1,463	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,987,129	135,918,492	200.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
3/4/2021 10:48 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,407,666		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
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
0			0	9,407,666		
B - PROPERTY INSURANCE AND TAX						
1.00	OTHER CAP REL COSTS	3.00	0	167,506		1.00
2.00	OTHER CAP REL COSTS	3.00	0	293,259		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	460,765		
C - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	335,768	182,976		1.00
0			335,768	182,976		
D - ALT BIRTH CENTER						
1.00	NURSERY	43.00	347,745	53,221		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,383,861	211,793		2.00
0			1,731,606	265,014		
E - CARDIAC REHAB III						
1.00	NONALLOWABLE CARDIAC REHAB	192.60	1,074	389		1.00
0			1,074	389		
F - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,065,521		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			0	6,065,521		
G - MSCTP						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,265,068		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

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
3/4/2021 10:48 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	0	0.00	0	0	6.00
				5,265,068	
H - SHORT TERM DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,356	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	3,575	2.00
3.00	HOUSEKEEPING	9.00	0	897	3.00
4.00	DIETARY	10.00	0	786	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	7,520	5.00
6.00	SKILLED NURSING FACILITY	44.00	0	3,292	6.00
7.00	OPERATING ROOM	50.00	0	2,211	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	544	8.00
9.00	LABORATORY	60.00	0	10,899	9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,539	10.00
11.00	EMERGENCY	91.00	0	7,024	11.00
	0		0	45,643	
I - CONTRACT PHYS COST TO ANCILLARY CC					
1.00	ADULTS & PEDIATRICS	30.00	0	5,750	1.00
2.00	OPERATING ROOM	50.00	0	249,996	2.00
3.00	ECHOCARDIOLOGY	54.30	0	13,625	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	10,375	4.00
	0		0	279,746	
J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,717	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	31,717	
K - RADIOLOGY ADMIN					
1.00	MAMMOGRAPHY	54.10	56,102	87,604	1.00
2.00	ULTRA SOUND	54.20	80,498	50,184	2.00
3.00	ECHOCARDIOLOGY	54.30	54,995	10,049	3.00
4.00	RADIOISOTOPE	56.00	95,415	17,434	4.00
5.00	CT SCAN	57.00	145,336	65,741	5.00
	0		432,346	231,012	
M - VACATION ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	133,026	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
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
3/4/2021 10:48 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
0			0	133,026	
N - MINISTRY ALLOCATION					
1.00	OPERATION OF PLANT	7.00	0	380,660	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,140,052	2.00
3.00	SOCIAL SERVICE	17.00	0	1,438,969	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	206,992	4.00
5.00	PHYSICAL THERAPY	66.00	0	123,241	5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	24,031	6.00
7.00	SPEECH PATHOLOGY	68.00	0	22,217	7.00
0			0	3,336,162	
O - REHAB ADMIN COST					
1.00	OCCUPATIONAL THERAPY	67.00	113,962	209,148	1.00
2.00	SPEECH PATHOLOGY	68.00	32,535	0	2.00
0			146,497	209,148	
P - SFI / PCI BIO MED					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,581,093	1.00
2.00	LABORATORY	60.00	0	184,887	2.00
0			0	1,765,980	
Q - OSFMG / SFMC SHD ED COST					
1.00	EMERGENCY	91.00	609,962	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	352,380	2.00
0			609,962	352,380	
R - OSFMG SHD HOSP AND PALLIATIVE					
1.00	ADULTS & PEDIATRICS	30.00	1,122,179	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,439	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	112,467	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	251,617	4.00
0			1,122,179	371,523	
500.00	Grand Total: Increases		4,379,432	28,403,736	500.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
3/4/2021 10:48 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	584,145	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	235,001	0		3.00
4.00	OPERATION OF PLANT	7.00	0	50,390	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	17,131	0		5.00
6.00	HOUSEKEEPING	9.00	0	387,204	0		6.00
7.00	DIETARY	10.00	0	177,940	0		7.00
8.00	CAFETERIA	11.00	0	25,725	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	290,570	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,808	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	55,184	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,960,053	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	131,950	0		13.00
14.00	OPERATING ROOM	50.00	0	624,668	0		14.00
15.00	RECOVERY ROOM	51.00	0	67,580	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	263,598	0		16.00
17.00	MAMMOGRAPHY	54.10	0	61,767	0		17.00
18.00	ULTRA SOUND	54.20	0	88,722	0		18.00
19.00	ECHOCARDIOLOGY	54.30	0	76,471	0		19.00
20.00	RADIOISOTOPE	56.00	0	46,287	0		20.00
21.00	CT SCAN	57.00	0	127,439	0		21.00
22.00	MRI	58.00	0	32,796	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	184,567	0		23.00
24.00	LABORATORY	60.00	0	433,387	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	52,869	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	169,368	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	559,381	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	113,964	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	66,565	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	83,518	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	98,738	0		31.00
32.00	DRUGS CHARGED TO PATIENTS	73.00	0	283,607	0		32.00
33.00	PAIN CLINIC	76.20	0	77,145	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	61,856	0		34.00
35.00	CLINIC	90.00	0	60,292	0		35.00
36.00	EMERGENCY	91.00	0	599,513	0		36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	41,776	0		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	102,435	0		38.00
39.00	CARDIOLOGY CLINIC	192.10	0	1,119	0		39.00
40.00	FUND DEV, MKTING, COMM	192.20	0	43,125	0		40.00
41.00	HEALTH ED						
41.00	MCLEAN CO EMS	192.30	0	46,012	0		41.00
42.00	MCLEAN CO EMS						42.00
0			0	9,407,666			
B - PROPERTY INSURANCE AND TAX							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	13		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	119,043	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	174,216	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	167,506	0		5.00
0			0	460,765			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	335,768	182,976	0		1.00
0			335,768	182,976			
D - ALT BIRTH CENTER							
1.00	ADULTS & PEDIATRICS	30.00	1,731,606	265,014	0		1.00
2.00		0.00	0	0	0		2.00
0			1,731,606	265,014			
E - CARDIAC REHAB III							
1.00	CARDIAC REHABILITATION	76.97	1,074	389	0		1.00
0			1,074	389			
F - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	5,357,115	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	558,270	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	150,136	0		3.00
0			0	6,065,521			
G - MSCTP							
1.00	OPERATING ROOM	50.00	0	2,814,452	0		1.00
2.00	MAMMOGRAPHY	54.10	0	7,358	0		2.00
3.00	ULTRA SOUND	54.20	0	95,652	0		3.00
4.00	CT SCAN	57.00	0	151,321	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
3/4/2021 10:48 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	CARDIAC CATHETERIZATION	59.00	0	2,194,573	0		5.00
6.00	EMERGENCY	91.00	0	1,712	0		6.00
	0		0	5,265,068			
H - SHORT TERM DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	2,356	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	3,575	0	0		2.00
3.00	HOUSEKEEPING	9.00	897	0	0		3.00
4.00	DIETARY	10.00	786	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	7,520	0	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	3,292	0	0		6.00
7.00	OPERATING ROOM	50.00	2,211	0	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	544	0	0		8.00
9.00	LABORATORY	60.00	10,899	0	0		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	6,539	0	0		10.00
11.00	EMERGENCY	91.00	7,024	0	0		11.00
	0		45,643	0			
I - CONTRACT PHYS COST TO ANCILLARY CC							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	279,746	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	279,746			
J - DRUGS CHARGED TO PATIENTS							
1.00		0.00	0	0	0		1.00
2.00	OPERATING ROOM	50.00	0	1,620	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	428	0		3.00
4.00	CT SCAN	57.00	0	24,154	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	5,515	0		5.00
	0		0	31,717			
K - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	432,346	231,012	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
	0		432,346	231,012			
M - VACATION ACCRUAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	9,636	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	2,881	0	0		2.00
3.00	OPERATION OF PLANT	7.00	669	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	88	0	0		4.00
5.00	HOUSEKEEPING	9.00	4,632	0	0		5.00
6.00	DIETARY	10.00	2,459	0	0		6.00
7.00	CAFETERIA	11.00	228	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	2,774	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	281	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,128	0	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	43,948	0	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	1,836	0	0		12.00
13.00	OPERATING ROOM	50.00	7,775	0	0		13.00
14.00	RECOVERY ROOM	51.00	1,222	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	3,254	0	0		15.00
16.00	MAMMOGRAPHY	54.10	764	0	0		16.00
17.00	ULTRA SOUND	54.20	1,803	0	0		17.00
18.00	ECHOCARDIOLOGY	54.30	1,062	0	0		18.00
19.00	RADIOISOTOPE	56.00	555	0	0		19.00
20.00	CT SCAN	57.00	1,395	0	0		20.00
21.00	MRI	58.00	708	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	2,303	0	0		22.00
23.00	LABORATORY	60.00	6,288	0	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	615	0	0		24.00
25.00	RESPIRATORY THERAPY	65.00	2,287	0	0		25.00
26.00	PHYSICAL THERAPY	66.00	7,009	0	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	1,650	0	0		27.00
28.00	SPEECH PATHOLOGY	68.00	1,034	0	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	702	0	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	1,421	0	0		30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	4,365	0	0		31.00
32.00	PAIN CLINIC	76.20	1,162	0	0		32.00
33.00	CARDIAC REHABILITATION	76.97	575	0	0		33.00
34.00	CLINIC	90.00	810	0	0		34.00
35.00	EMERGENCY	91.00	10,452	0	0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	374	0	0		36.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
3/4/2021 10:48 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,692	0	0	37.00
38.00	CARDIOLOGY CLINIC	192.10	36	0	0	38.00
39.00	FUND DEV, MKTING, COMM	192.20	486	0	0	39.00
	HEALTH ED					
40.00	MCLEAN CO EMS	192.30	667	0	0	40.00
			133,026	0		
N - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,336,162	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	3,336,162		
O - REHAB ADMIN COST						
1.00	PHYSICAL THERAPY	66.00	146,497	209,148	0	1.00
2.00		0.00	0	0	0	2.00
			146,497	209,148		
P - SFI / PCI BIO MED						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,765,980	0	1.00
2.00		0.00	0	0	0	2.00
			0	1,765,980		
Q - OSFMG / SFMC SHD ED COST						
1.00	EMERGENCY	91.00	0	962,342	0	1.00
2.00		0.00	0	0	0	2.00
			0	962,342		
R - OSFMG SHD HOSP AND PALLIATIVE						
1.00	ADULTS & PEDIATRICS	30.00	0	1,493,702	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	1,493,702		
500.00	Grand Total: Decreases		2,825,960	29,957,208		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/4/2021 10:48 am

		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	1,603,420	0	0	0	0	1.00	
2.00	Land Improvements	1,166,651	0	0	0	0	2.00	
3.00	Buildings and Fixtures	130,771,171	19,335,938	0	19,335,938	0	3.00	
4.00	Building Improvements	190,139	0	0	0	0	4.00	
5.00	Fixed Equipment	57,123,001	5,542,991	0	5,542,991	34,594	5.00	
6.00	Movable Equipment	87,147	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)	190,941,529	24,878,929	0	24,878,929	34,594	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	190,941,529	24,878,929	0	24,878,929	34,594	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,603,420	0				1.00	
2.00	Land Improvements	1,166,651	0				2.00	
3.00	Buildings and Fixtures	150,107,109	0				3.00	
4.00	Building Improvements	190,139	0				4.00	
5.00	Fixed Equipment	62,631,398	0				5.00	
6.00	Movable Equipment	87,147	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	215,785,864	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	215,785,864	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/4/2021 10:48 am

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	2,952,479	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,730,792	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,683,271	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	2,952,479				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,730,792				2.00
3.00	Total (sum of lines 1-2)	0	7,683,271				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/4/2021 10:48 am

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	150,297,248	0	150,297,248	0.704939	118,082	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	62,908,684	0	62,908,684	0.295061	49,424	2.00
3.00	Total (sum of lines 1-2)	213,205,932	0	213,205,932	1.000000	167,506	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	206,730	0	324,812	5,289,658	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	86,529	0	135,953	5,920,094	0	2.00
3.00	Total (sum of lines 1-2)	293,259	0	460,765	11,209,752	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	118,082	206,730	0	5,614,470	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	49,424	86,529	0	6,056,047	2.00
3.00	Total (sum of lines 1-2)	0	167,506	293,259	0	11,670,517	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:
3/4/2021 10:48 am

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	-11,336,358			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	-5,794,454			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-382,727	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-55,049	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-116,465	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	B	1,899,380	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	B	1,114,603	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RESIDENT EXPENSE	A	-25,048	EMERGENCY	91.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
35.00	RESIDENT EXPENSE PART B	A	-6,333	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	35.00
36.00	OTHER REVENUES	B	-8,252	ADMINISTRATIVE & GENERAL		5.00	0	36.00
39.00	OSFMG PART B	A	-230,498	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.00
40.00	RECRUITING	A	-3,550	ADULTS & PEDIATRICS		30.00	0	40.00
41.00	RECRUITING	A	-1,000	OPERATING ROOM		50.00	0	41.00
42.00	RECRUITING	A	-800	CARDIAC CATHETERIZATION		59.00	0	42.00
46.00	RECRUITING	A	-4,798	I&R SERVICES-OTHER PRGM		22.00	0	46.00
				COSTS APPRV				
47.00	MEDICAID ASSESSMENT	A	-7,124,673	ADMINISTRATIVE & GENERAL		5.00	0	47.00
48.00	LOBBYING DUES	A	-31,627	ADMINISTRATIVE & GENERAL		5.00	0	48.00
49.00	OTHER REVENUES - ADMIN	B	-34,225	ADMINISTRATIVE & GENERAL		5.00	0	49.00
49.01	UNEMPLOYMENT COMP	A	12,768	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	49.01
49.02	OTHER REVENUES - HEALTH ED	B	-905	NURSING ADMINISTRATION		13.00	0	49.02
49.03	OTHER REVENUES - ADULTS AND PEDS	B	-3,265	ADULTS & PEDIATRICS		30.00	0	49.03
49.04	OTHER REVENUES - RADIOLOGY	B	-1,610	RADIOLOGY-DIAGNOSTIC		54.00	0	49.04
49.05	OTHER REVENUES - LAB	B	-245	LABORATORY		60.00	0	49.05
49.07	OTHER REVENUES - PHYS THERAPY	B	-170	PHYSICAL THERAPY		66.00	0	49.07
49.08	OTHER REVENUES - CARDIAC REHAB	B	-4,445	CARDIAC REHABILITATION		76.97	0	49.08
49.09	PART B EMPLOYEE BENEFITS	A	-43,665	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	49.09
49.12	CONTRACT LABOR TEACHING COST	A	-222,944	I&R SERVICES-OTHER PRGM		22.00	0	49.12
				COSTS APPRV				
49.13	MARKETING - CLINICS	A	-521	CLINIC		90.00	0	49.13
49.15	MARKETING - CLINICS	A	-577	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	49.15
49.18	OTHER REVENUES - PAIN CLINIC	B	-1,275	PAIN CLINIC		76.20	0	49.18
49.19	OTHER REVENUES - NURSING ADMIN	B	-6,337	NURSING ADMINISTRATION		13.00	0	49.19
49.20	OCCUPATIONAL MEDICINE	A	-19,496	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	49.20
49.21	PENSION COST	A	447,432	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	49.21
49.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.23
49.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.24
49.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.25
49.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.26
49.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,987,129					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: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
3/4/2021 10:48 am

	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	437,799	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,694,577	1,627,317	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	1,140,052	1,140,052	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	13,103,799	17,840,172	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	380,660	380,660	3.02
3.03	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - A & P	219,809	219,809	3.03
3.04	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED REHAB	123,241	123,241	3.04
3.05	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED REHAB	24,031	24,031	3.05
3.06	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED REHAB	22,217	22,217	3.06
3.07	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	988,464	988,464	3.07
3.08	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	446,584	446,584	3.08
3.09	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHG - POOLED IMAGIN	975,140	975,140	3.09
4.00	60.00	LABORATORY	MINISTRY CHG - POOLED LAB	114,029	114,029	4.00
4.01	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	1,479,118	1,438,969	4.01
4.02	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	1,167,080	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	2,528,872	5,283,825	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL CA	234,813	0	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI ENGINEERING	51,669	42,220	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI IMAGING	112,822	92,189	4.06
4.07	71.00	MEDICAL SUPPLIES CHARGED TO	PCI / SFI LABORATORY	13,193	10,780	4.07
4.08	56.00	RADIOISOTOPE	PCI / SFI HTS ENGINEERING	225,790	235,288	4.08
4.09	60.00	LABORATORY	PCI / SFI HTS IMAGING	493,025	513,764	4.09
4.10	76.00	ENDOSCOPY	PCI / SFI HTS LABORATORY	57,653	60,078	4.10
4.11	60.00	LABORATORY	OSF SYSTEMS LAB	1,462,254	1,462,254	4.11
4.12	76.00	ENDOSCOPY	ENDOSCOPY	676,418	614,980	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	PCI SFI - CREDENTIALING	120,143	119,641	4.13
4.14	66.00	PHYSICAL THERAPY	PCI / SFI FT JESSE - PT	119,352	346,219	4.14
4.15	67.00	OCCUPATIONAL THERAPY	PCI / SFI FT JESSE - OT	23,273	67,509	4.15
4.16	68.00	SPEECH PATHOLOGY	PCI / SFI FT JESSE - ST	21,516	62,415	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			28,457,393	34,251,847	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	SEE ATTACHED	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

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

Provider CCN: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
3/4/2021 10:48 am

	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

(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: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
3/4/2021 10:48 am

	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	437,799	9		1.00
2.00	67,260	9		2.00
3.00	0	0		3.00
3.01	-4,736,373	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
4.00	0	0		4.00
4.01	40,149	0		4.01
4.02	1,167,080	0		4.02
4.03	-2,754,953	0		4.03
4.04	234,813	0		4.04
4.05	9,449	0		4.05
4.06	20,633	0		4.06
4.07	2,413	0		4.07
4.08	-9,498	0		4.08
4.09	-20,739	0		4.09
4.10	-2,425	0		4.10
4.11	0	0		4.11
4.12	61,438	0		4.12
4.13	502	0		4.13
4.14	-226,867	0		4.14
4.15	-44,236	0		4.15
4.16	-40,899	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	-5,794,454			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTHCARE SYST		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: 14-0162

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

Worksheet A-8-2

Date/Time Prepared:
3/4/2021 10:48 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	76,300	76,300	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	500	500	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	8,286	8,286	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	3,250,035	3,250,035	0	0	0	4.00
5.00	50.00	OPERATING ROOM	249,996	249,996	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,841,844	1,841,844	0	0	0	6.00
7.00	60.00	LABORATORY	54,167	54,167	0	0	0	7.00
8.00	91.00	EMERGENCY	5,855,230	5,855,230	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			11,336,358	11,336,358	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	76,300		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	500		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	8,286		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,250,035		4.00
5.00	50.00	OPERATING ROOM	0	0	0	249,996		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,841,844		6.00
7.00	60.00	LABORATORY	0	0	0	54,167		7.00
8.00	91.00	EMERGENCY	0	0	0	5,855,230		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	0	0	11,336,358		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/4/2021 10:48 am

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	5,614,470	5,614,470			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,056,047		6,056,047		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,695,843	0	0	13,695,843	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,288,210	524,703	3,774,320	827,626	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,245,960	999,077	34,318	287,007	6.00
7.00	00700	OPERATION OF PLANT	2,191,637	205,670	0	66,916	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	535,166	25,412	0	8,797	8.00
9.00	00900	HOUSEKEEPING	1,684,373	67,932	7,749	462,897	9.00
10.00	01000	DIETARY	800,963	72,069	15,551	148,906	10.00
11.00	01100	CAFETERIA	218,735	46,532	1,331	119,594	11.00
13.00	01300	NURSING ADMINISTRATION	2,655,190	64,244	195,327	394,336	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	102,570	0	0	28,110	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	473,884	32,168	0	110,418	16.00
17.00	01700	SOCIAL SERVICE	1,479,118	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,287,077	1,081,033	197,559	4,178,769	30.00
43.00	04300	NURSERY	400,966	43,681	5,232	100,199	43.00
44.00	04400	SKILLED NURSING FACILITY	676,414	78,282	0	182,611	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,136,544	426,571	894,426	776,782	50.00
51.00	05100	RECOVERY ROOM	438,006	73,417	0	122,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,598,405	173,780	20,819	398,903	52.00
53.00	05300	ANESTHESIOLOGY	248,190	7,314	35,172	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,471,512	61,191	28,760	200,785	54.00
54.10	03440	MAMMOGRAPHY	426,903	51,181	73,715	92,514	54.10
54.20	03630	ULTRA SOUND	768,413	32,385	47,131	203,496	54.20
54.30	05401	ECHOCARDIOLOGY	471,697	34,725	6,543	121,998	54.30
56.00	05600	RADIOISOTOPE	712,658	53,660	113,148	82,984	56.00
57.00	05700	CT SCAN	883,508	60,943	165,339	181,374	57.00
58.00	05800	MRI	727,730	51,119	0	70,765	58.00
59.00	05900	CARDIAC CATHETERIZATION	871,877	75,540	209,500	230,162	59.00
60.00	06000	LABORATORY	3,850,262	166,048	44,302	625,645	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	514,131	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	225,559	38,676	0	61,526	64.00
65.00	06500	RESPIRATORY THERAPY	1,240,288	29,116	37,422	228,679	65.00
66.00	06600	PHYSICAL THERAPY	2,534,390	87,115	16,962	658,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	881,499	24,622	0	197,789	67.00
68.00	06800	SPEECH PATHOLOGY	588,079	11,358	3,855	112,755	68.00
69.00	06900	ELECTROCARDIOLOGY	263,961	45,231	5,636	70,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	678,444	0	4,147	142,121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,809,044	26,342	1,044	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,065,521	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,415,537	78,809	74,951	434,555	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	735,431	78,995	0	0	76.00
76.20	03951	PAIN CLINIC	590,585	0	3,908	116,142	76.20
76.97	07697	CARDIAC REHABILITATION	204,426	28,620	11,528	57,200	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,061,007	0	7,902	81,016	90.00
91.00	09100	EMERGENCY	4,710,830	199,192	6,303	1,185,818	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)	134,531,060	5,156,753	6,043,900	13,370,078	133,735,431
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	139,085	13,233	7,543	37,395	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	414,922	362,343	0	169,229	192.00
192.10	19201	CARDIOLOGY CLINIC	19,886	0	0	3,590	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	537,115	77,709	0	48,576	192.20
192.30	19203	MCLEAN CO EMS	274,961	0	4,604	66,666	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	1,463	4,432	0	309	192.60
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	135,918,492	5,614,470	6,056,047	13,695,843	135,918,492

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/4/2021 10:48 am

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	26,414,859					5.00
6.00	00600	MAINTENANCE & REPAIRS	860,292	4,426,654				6.00
7.00	00700	OPERATION OF PLANT	594,430	222,561	3,281,214			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	137,347	27,499	21,463	755,684		8.00
9.00	00900	HOUSEKEEPING	536,229	73,511	57,374	0	2,890,065	9.00
10.00	01000	DIETARY	250,267	77,988	60,868	1,844	54,932	10.00
11.00	01100	CAFETERIA	93,159	50,354	39,300	1,191	35,468	11.00
13.00	01300	NURSING ADMINISTRATION	798,234	69,520	54,259	0	48,967	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,523	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	148,707	34,810	27,169	0	24,519	16.00
17.00	01700	SOCIAL SERVICE	356,799	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,968,906	1,169,814	913,020	370,552	823,978	30.00
43.00	04300	NURSERY	132,692	47,269	36,892	12,503	33,294	43.00
44.00	04400	SKILLED NURSING FACILITY	226,101	84,712	66,116	30,281	59,668	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,503,868	461,605	360,274	48,304	325,138	50.00
51.00	05100	RECOVERY ROOM	152,833	79,447	62,006	0	55,959	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	528,741	188,053	146,771	49,759	132,457	52.00
53.00	05300	ANESTHESIOLOGY	70,118	7,914	6,177	0	5,575	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	907,545	66,217	51,681	29,303	46,641	54.00
54.10	03440	MAMMOGRAPHY	155,424	55,385	43,227	0	39,011	54.10
54.20	03630	ULTRA SOUND	253,629	35,045	27,352	0	24,684	54.20
54.30	05401	ECHOCARDIOLOGY	153,168	37,577	29,328	0	26,468	54.30
56.00	05600	RADIOISOTOPE	232,166	58,067	45,320	0	40,901	56.00
57.00	05700	CT SCAN	311,460	65,948	51,471	51,179	46,452	57.00
58.00	05800	MRI	204,947	55,317	43,174	22,685	38,964	58.00
59.00	05900	CARDIAC CATHETERIZATION	334,597	81,744	63,799	0	57,577	59.00
60.00	06000	LABORATORY	1,130,438	179,685	140,241	0	126,564	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	124,021	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	78,581	41,853	32,665	0	29,480	64.00
65.00	06500	RESPIRATORY THERAPY	370,401	31,507	24,591	0	22,192	65.00
66.00	06600	PHYSICAL THERAPY	795,328	94,269	73,575	0	66,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	266,290	26,644	20,795	0	18,767	67.00
68.00	06800	SPEECH PATHOLOGY	172,728	12,291	9,593	0	8,657	68.00
69.00	06900	ELECTROCARDIOLOGY	92,865	48,946	38,201	29,663	34,476	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,940	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,407,887	28,506	22,248	0	20,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,463,149	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,654,393	85,282	66,561	0	60,069	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	196,459	85,483	66,718	0	60,211	76.00
76.20	03951	PAIN CLINIC	171,422	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	72,795	30,970	24,172	0	21,814	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	277,390	0	0	108,420	0	90.00
91.00	09100	EMERGENCY	1,471,983	215,552	168,234	0	151,827	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)	25,888,252	3,931,345	2,894,635	755,684	2,541,188	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,583	14,320	11,176	0	10,086	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	228,317	392,102	306,028	0	276,182	192.00
192.10	19201	CARDIOLOGY CLINIC	5,663	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	160,028	84,091	65,632	0	59,231	192.20
192.30	19203	MCLEAN CO EMS	83,519	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	1,497	4,796	3,743	0	3,378	192.60
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)	26,414,859	4,426,654	3,281,214	755,684	2,890,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & 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	1,483,388					10.00
11.00	01100	CAFETERIA	0	605,664				11.00
13.00	01300	NURSING ADMINISTRATION	0	10,661	4,290,738			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,576	0	164,779		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,184	0	0	858,859	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,316,959	230,968	2,403,120	12,001	70,088	30.00
43.00	04300	NURSERY	12,717	4,957	51,580	0	2,069	43.00
44.00	04400	SKILLED NURSING FACILITY	103,112	12,287	127,843	171	1,727	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	43,359	451,126	0	66,332	50.00
51.00	05100	RECOVERY ROOM	0	5,064	52,689	109	3,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,600	19,752	205,515	4	8,237	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,426	7,362	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,452	0	524	20,585	54.00
54.10	03440	MAMMOGRAPHY	0	5,103	0	0	9,872	54.10
54.20	03630	ULTRA SOUND	0	8,327	0	0	17,690	54.20
54.30	05401	ECHOCARDIOLOGY	0	4,899	50,976	54	13,299	54.30
56.00	05600	RADIOISOTOPE	0	3,631	0	9	14,325	56.00
57.00	05700	CT SCAN	0	9,615	0	0	56,872	57.00
58.00	05800	MRI	0	2,953	0	465	13,879	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,421	98,023	0	34,856	59.00
60.00	06000	LABORATORY	0	38,953	0	1,317	130,656	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	2,398	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,147	0	46	3,070	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,300	117,567	2,926	16,877	65.00
66.00	06600	PHYSICAL THERAPY	0	25,339	0	152	17,396	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,295	0	0	5,051	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,686	0	1,446	1,595	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,018	41,808	102	7,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,059	0	94	7,008	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	65,135	39,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	66,859	42,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,567	0	6,705	173,840	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	3,685	76.00
76.20	03951	PAIN CLINIC	0	8,211	85,430	917	7,156	76.20
76.97	07697	CARDIAC REHABILITATION	0	3,108	0	19	1,138	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,764	0	855	7,035	90.00
91.00	09100	EMERGENCY	0	58,154	605,061	3,438	52,496	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)	1,483,388	587,810	4,290,738	164,774	858,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,588	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,508	0	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	213	0	1	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	2,721	0	4	0	192.20
192.30	19203	MCLEAN CO EMS	0	3,805	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	19	0	0	0	192.60
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)	1,483,388	605,664	4,290,738	164,779	858,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	22.00	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 SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	1,835,917					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,621,464	0	39,645,308	0	39,645,308	30.00
43.00	04300	NURSERY	96,862	0	980,913	0	980,913	43.00
44.00	04400	SKILLED NURSING FACILITY	117,591	0	1,766,916	0	1,766,916	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	9,494,329	0	9,494,329	50.00
51.00	05100	RECOVERY ROOM	0	0	1,045,478	0	1,045,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,521,796	0	3,521,796	52.00
53.00	05300	ANESTHESIOLOGY	0	0	389,248	0	389,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,897,196	0	4,897,196	54.00
54.10	03440	MAMMOGRAPHY	0	0	952,335	0	952,335	54.10
54.20	03630	ULTRA SOUND	0	0	1,418,152	0	1,418,152	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	950,732	0	950,732	54.30
56.00	05600	RADIOISOTOPE	0	0	1,356,869	0	1,356,869	56.00
57.00	05700	CT SCAN	0	0	1,884,161	0	1,884,161	57.00
58.00	05800	MRI	0	0	1,231,998	0	1,231,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,067,096	0	2,067,096	59.00
60.00	06000	LABORATORY	0	0	6,434,111	0	6,434,111	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	640,550	0	640,550	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	514,603	0	514,603	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,132,866	0	2,132,866	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,369,509	0	4,369,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,450,752	0	1,450,752	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	927,043	0	927,043	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	682,115	0	682,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,037,813	0	1,037,813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,419,581	0	7,419,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	7,637,641	0	7,637,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,067,269	0	14,067,269	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	1,226,982	0	1,226,982	76.00
76.20	03951	PAIN CLINIC	0	0	983,771	0	983,771	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	455,790	0	455,790	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,548,389	0	1,548,389	90.00
91.00	09100	EMERGENCY	0	0	8,828,888	0	8,828,888	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)	1,835,917	0	131,960,200	0	131,960,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	282,009	0	282,009	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,158,631	0	2,158,631	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	29,353	0	29,353	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	1,035,107	0	1,035,107	192.20
192.30	19203	MCLEAN CO EMS	0	0	433,555	0	433,555	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	19,637	0	19,637	192.60
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,835,917	0	135,918,492	0	135,918,492	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/4/2021 10:48 am

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	217,475	524,703	3,774,320	4,516,498	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	999,077	34,318	1,033,395	0 6.00
7.00	00700	OPERATION OF PLANT	0	205,670	0	205,670	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,412	0	25,412	0 8.00
9.00	00900	HOUSEKEEPING	0	67,932	7,749	75,681	0 9.00
10.00	01000	DIETARY	0	72,069	15,551	87,620	0 10.00
11.00	01100	CAFETERIA	0	46,532	1,331	47,863	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	64,244	195,327	259,571	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,168	0	32,168	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,824	1,081,033	197,559	1,283,416	0 30.00
43.00	04300	NURSERY	0	43,681	5,232	48,913	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	78,282	0	78,282	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,505	426,571	894,426	1,402,502	0 50.00
51.00	05100	RECOVERY ROOM	0	73,417	0	73,417	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	173,780	20,819	194,599	0 52.00
53.00	05300	ANESTHESIOLOGY	0	7,314	35,172	42,486	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,510	61,191	28,760	352,461	0 54.00
54.10	03440	MAMMOGRAPHY	0	51,181	73,715	124,896	0 54.10
54.20	03630	ULTRA SOUND	0	32,385	47,131	79,516	0 54.20
54.30	05401	ECHOCARDIOLOGY	0	34,725	6,543	41,268	0 54.30
56.00	05600	RADIOISOTOPE	0	53,660	113,148	166,808	0 56.00
57.00	05700	CT SCAN	0	60,943	165,339	226,282	0 57.00
58.00	05800	MRI	160,939	51,119	0	212,058	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	75,540	209,500	285,040	0 59.00
60.00	06000	LABORATORY	30,925	166,048	44,302	241,275	0 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	38,676	0	38,676	0 64.00
65.00	06500	RESPIRATORY THERAPY	4,362	29,116	37,422	70,900	0 65.00
66.00	06600	PHYSICAL THERAPY	368,484	87,115	16,962	472,561	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,622	0	24,622	0 67.00
68.00	06800	SPEECH PATHOLOGY	75,461	11,358	3,855	90,674	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,231	5,636	50,867	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64,356	0	4,147	68,503	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	228,951	26,342	1,044	256,337	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	159,489	78,809	74,951	313,249	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03330	ENDOSCOPY	0	78,995	0	78,995	0 76.00
76.20	03951	PAIN CLINIC	71,312	0	3,908	75,220	0 76.20
76.97	07697	CARDIAC REHABILITATION	0	28,620	11,528	40,148	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	176,692	0	7,902	184,594	0 90.00
91.00	09100	EMERGENCY	0	199,192	6,303	205,495	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,907,285	5,156,753	6,043,900	13,107,938	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,233	7,543	20,776	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	362,343	0	362,343	0 192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0 192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	77,709	0	77,709	0 192.20
192.30	19203	MCLEAN CO EMS	0	0	4,604	4,604	0 192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0 192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	4,432	0	4,432	0 192.60
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,907,285	5,614,470	6,056,047	13,577,802	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/4/2021 10:48 am

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	4,516,498					5.00
6.00	00600	MAINTENANCE & REPAIRS	147,095	1,180,490				6.00
7.00	00700	OPERATION OF PLANT	101,637	59,352	366,659			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,484	7,333	2,398	58,627		8.00
9.00	00900	HOUSEKEEPING	91,686	19,604	6,411	0	193,382	9.00
10.00	01000	DIETARY	42,791	20,798	6,802	143	3,676	10.00
11.00	01100	CAFETERIA	15,928	13,428	4,392	92	2,373	11.00
13.00	01300	NURSING ADMINISTRATION	136,484	18,539	6,063	0	3,277	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,390	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,426	9,283	3,036	0	1,641	16.00
17.00	01700	SOCIAL SERVICE	61,006	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,020,605	311,963	102,026	28,749	55,133	30.00
43.00	04300	NURSERY	22,688	12,606	4,123	970	2,228	43.00
44.00	04400	SKILLED NURSING FACILITY	38,659	22,591	7,388	2,349	3,993	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	257,135	123,100	40,259	3,748	21,756	50.00
51.00	05100	RECOVERY ROOM	26,132	21,187	6,929	0	3,744	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,405	50,149	16,401	3,860	8,863	52.00
53.00	05300	ANESTHESIOLOGY	11,989	2,111	690	0	373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,174	17,658	5,775	2,273	3,121	54.00
54.10	03440	MAMMOGRAPHY	26,575	14,770	4,830	0	2,610	54.10
54.20	03630	ULTRA SOUND	43,366	9,346	3,056	0	1,652	54.20
54.30	05401	ECHOCARDIOLOGY	26,189	10,021	3,277	0	1,771	54.30
56.00	05600	RADIOISOTOPE	39,696	15,485	5,064	0	2,737	56.00
57.00	05700	CT SCAN	53,254	17,587	5,752	3,971	3,108	57.00
58.00	05800	MRI	35,042	14,752	4,825	1,760	2,607	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,210	21,799	7,129	0	3,853	59.00
60.00	06000	LABORATORY	193,285	47,918	15,671	0	8,469	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	21,205	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	13,436	11,161	3,650	0	1,973	64.00
65.00	06500	RESPIRATORY THERAPY	63,332	8,402	2,748	0	1,485	65.00
66.00	06600	PHYSICAL THERAPY	135,987	25,140	8,222	0	4,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,531	7,105	2,324	0	1,256	67.00
68.00	06800	SPEECH PATHOLOGY	29,533	3,278	1,072	0	579	68.00
69.00	06900	ELECTROCARDIOLOGY	15,878	13,053	4,269	2,301	2,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,015	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,724	7,602	2,486	0	1,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	250,172	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	453,854	22,743	7,438	0	4,019	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	33,591	22,796	7,455	0	4,029	76.00
76.20	03951	PAIN CLINIC	29,310	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	12,447	8,259	2,701	0	1,460	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	47,429	0	0	8,411	0	90.00
91.00	09100	EMERGENCY	251,683	57,483	18,799	0	10,159	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)	4,426,458	1,048,402	323,461	58,627	170,038	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,136	3,819	1,249	0	675	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,038	104,565	34,197	0	18,480	192.00
192.10	19201	CARDIOLOGY CLINIC	968	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	27,362	22,425	7,334	0	3,963	192.20
192.30	19203	MCLEAN CO EMS	14,280	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	256	1,279	418	0	226	192.60
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)	4,516,498	1,180,490	366,659	58,627	193,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & 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	161,830					10.00
11.00	01100	CAFETERIA	0	84,076				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,480	425,414			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	358	0	5,748		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	997	0	0	72,551	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	143,674	32,059	238,263	419	5,908	30.00
43.00	04300	NURSERY	1,387	688	5,114	0	174	43.00
44.00	04400	SKILLED NURSING FACILITY	11,249	1,706	12,675	6	146	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,019	44,728	0	5,592	50.00
51.00	05100	RECOVERY ROOM	0	703	5,224	4	320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,520	2,742	20,376	0	694	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	50	621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,729	0	18	1,735	54.00
54.10	03440	MAMMOGRAPHY	0	708	0	0	832	54.10
54.20	03630	ULTRA SOUND	0	1,156	0	0	1,491	54.20
54.30	05401	ECHOCARDIOLOGY	0	680	5,054	2	1,121	54.30
56.00	05600	RADIOISOTOPE	0	504	0	0	1,208	56.00
57.00	05700	CT SCAN	0	1,335	0	0	4,794	57.00
58.00	05800	MRI	0	410	0	16	1,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,308	9,719	0	2,938	59.00
60.00	06000	LABORATORY	0	5,407	0	46	11,014	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	202	63.00
64.00	06400	INTRAVENOUS THERAPY	0	437	0	2	259	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,569	11,656	102	1,423	65.00
66.00	06600	PHYSICAL THERAPY	0	3,518	0	5	1,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,290	0	0	426	67.00
68.00	06800	SPEECH PATHOLOGY	0	651	0	50	134	68.00
69.00	06900	ELECTROCARDIOLOGY	0	558	4,145	4	595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	980	0	3	591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,275	3,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,329	3,550	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,300	0	234	14,806	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	311	76.00
76.20	03951	PAIN CLINIC	0	1,140	8,470	32	603	76.20
76.97	07697	CARDIAC REHABILITATION	0	431	0	1	96	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	661	0	30	593	90.00
91.00	09100	EMERGENCY	0	8,073	59,990	120	4,425	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)	161,830	81,597	425,414	5,748	72,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	220	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,320	0	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	30	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	378	0	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	528	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	3	0	0	0	192.60
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)	161,830	84,076	425,414	5,748	72,551	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	22.00	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 SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	61,006					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,880		3,276,095	0	3,276,095	30.00
43.00	04300	NURSERY	3,219		102,110	0	102,110	43.00
44.00	04400	SKILLED NURSING FACILITY	3,907		182,951	0	182,951	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		1,904,839	0	1,904,839	50.00
51.00	05100	RECOVERY ROOM	0		137,660	0	137,660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		393,609	0	393,609	52.00
53.00	05300	ANESTHESIOLOGY	0		58,320	0	58,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		539,944	0	539,944	54.00
54.10	03440	MAMMOGRAPHY	0		175,221	0	175,221	54.10
54.20	03630	ULTRA SOUND	0		139,583	0	139,583	54.20
54.30	05401	ECHOCARDIOLOGY	0		89,383	0	89,383	54.30
56.00	05600	RADIOISOTOPE	0		231,502	0	231,502	56.00
57.00	05700	CT SCAN	0		316,083	0	316,083	57.00
58.00	05800	MRI	0		272,640	0	272,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		388,996	0	388,996	59.00
60.00	06000	LABORATORY	0		523,085	0	523,085	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		21,407	0	21,407	63.00
64.00	06400	INTRAVENOUS THERAPY	0		69,594	0	69,594	64.00
65.00	06500	RESPIRATORY THERAPY	0		161,617	0	161,617	65.00
66.00	06600	PHYSICAL THERAPY	0		651,342	0	651,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		82,554	0	82,554	67.00
68.00	06800	SPEECH PATHOLOGY	0		125,971	0	125,971	68.00
69.00	06900	ELECTROCARDIOLOGY	0		93,977	0	93,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		104,092	0	104,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		514,080	0	514,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		256,051	0	256,051	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		818,643	0	818,643	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03330	ENDOSCOPY	0		147,177	0	147,177	76.00
76.20	03951	PAIN CLINIC	0		114,775	0	114,775	76.20
76.97	07697	CARDIAC REHABILITATION	0		65,543	0	65,543	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		241,718	0	241,718	90.00
91.00	09100	EMERGENCY	0		616,227	0	616,227	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)	61,006	0	12,816,789	0	12,816,789	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		34,875	0	34,875	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		559,943	0	559,943	192.00
192.10	19201	CARDIOLOGY CLINIC	0		998	0	998	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0		139,171	0	139,171	192.20
192.30	19203	MCLEAN CO EMS	0		19,412	0	19,412	192.30
192.40	19204	INDUSTRIAL MEDICINE	0		0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0		6,614	0	6,614	192.60
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)	61,006	0	13,577,802	0	13,577,802	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

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	362,333				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,845,608			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	47,532,307		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,862	3,643,166	2,872,324	-26,414,859	5.00
6.00	00600	MAINTENANCE & REPAIRS	64,476	33,125	996,074	0	6.00
7.00	00700	OPERATION OF PLANT	13,273	0	232,237	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	0	30,531	0	8.00
9.00	00900	HOUSEKEEPING	4,384	7,480	1,606,510	0	9.00
10.00	01000	DIETARY	4,651	15,011	516,787	0	10.00
11.00	01100	CAFETERIA	3,003	1,285	415,057	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,146	188,540	1,368,566	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	97,559	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,076	0	383,211	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	69,765	190,694	14,502,738	0	30.00
43.00	04300	NURSERY	2,819	5,050	347,745	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	0	633,761	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,529	863,346	2,695,868	0	50.00
51.00	05100	RECOVERY ROOM	4,738	0	423,937	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,215	20,096	1,384,416	0	52.00
53.00	05300	ANESTHESIOLOGY	472	33,950	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,949	27,761	696,837	0	54.00
54.10	03440	MAMMOGRAPHY	3,303	71,153	321,077	0	54.10
54.20	03630	ULTRA SOUND	2,090	45,493	706,245	0	54.20
54.30	05401	ECHOCARDIOLOGY	2,241	6,316	423,403	0	54.30
56.00	05600	RADIOISOTOPE	3,463	109,216	288,002	0	56.00
57.00	05700	CT SCAN	3,933	159,594	629,468	0	57.00
58.00	05800	MRI	3,299	0	245,594	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	202,220	798,792	0	59.00
60.00	06000	LABORATORY	10,716	42,763	2,171,339	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,496	0	213,528	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	36,122	793,643	0	65.00
66.00	06600	PHYSICAL THERAPY	5,622	16,373	2,285,651	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,589	0	686,440	0	67.00
68.00	06800	SPEECH PATHOLOGY	733	3,721	391,322	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	5,440	243,453	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,003	493,238	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,008	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,086	72,347	1,508,150	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,098	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	3,772	403,078	0	76.20
76.97	07697	CARDIAC REHABILITATION	1,847	11,127	198,516	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	7,627	281,171	0	90.00
91.00	09100	EMERGENCY	12,855	6,084	4,115,451	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)	332,794	5,833,883	46,401,719	-26,414,859	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	854	7,281	129,781	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,384	0	587,321	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	12,460	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	5,015	0	168,585	0	192.20
192.30	19203	MCLEAN CO EMS	0	4,444	231,367	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	0	1,074	0	192.60
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)	5,614,470	6,056,047	13,695,843		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.495332	1.036000	0.288138		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			0		4,516,498	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.041245	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: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			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	263,995					6.00
7.00	00700	OPERATION OF PLANT	13,273	250,722				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	1,640	743,336			8.00
9.00	00900	HOUSEKEEPING	4,384	4,384	0	244,698		9.00
10.00	01000	DIETARY	4,651	4,651	1,814	4,651	144,294	10.00
11.00	01100	CAFETERIA	3,003	3,003	1,172	3,003	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,146	4,146	0	4,146	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,076	2,076	0	2,076	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,765	69,765	364,497	69,765	128,105	30.00
43.00	04300	NURSERY	2,819	2,819	12,299	2,819	1,237	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	5,052	29,786	5,052	10,030	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,529	27,529	47,515	27,529	0	50.00
51.00	05100	RECOVERY ROOM	4,738	4,738	0	4,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,215	11,215	48,946	11,215	4,922	52.00
53.00	05300	ANESTHESIOLOGY	472	472	0	472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,949	3,949	28,824	3,949	0	54.00
54.10	03440	MAMMOGRAPHY	3,303	3,303	0	3,303	0	54.10
54.20	03630	ULTRA SOUND	2,090	2,090	0	2,090	0	54.20
54.30	05401	ECHOCARDIOLOGY	2,241	2,241	0	2,241	0	54.30
56.00	05600	RADIOISOTOPE	3,463	3,463	0	3,463	0	56.00
57.00	05700	CT SCAN	3,933	3,933	50,343	3,933	0	57.00
58.00	05800	MRI	3,299	3,299	22,314	3,299	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	4,875	0	4,875	0	59.00
60.00	06000	LABORATORY	10,716	10,716	0	10,716	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,496	2,496	0	2,496	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	1,879	0	1,879	0	65.00
66.00	06600	PHYSICAL THERAPY	5,622	5,622	0	5,622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,589	1,589	0	1,589	0	67.00
68.00	06800	SPEECH PATHOLOGY	733	733	0	733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	2,919	29,178	2,919	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,700	0	1,700	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	5,086	5,086	0	5,086	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,098	5,098	0	5,098	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	1,847	1,847	0	1,847	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	106,648	0	0	90.00
91.00	09100	EMERGENCY	12,855	12,855	0	12,855	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)	234,456	221,183	743,336	215,159	144,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	854	854	0	854	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,384	23,384	0	23,384	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	5,015	5,015	0	5,015	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	286	0	286	0	192.60
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)	4,426,654	3,281,214	755,684	2,890,065	1,483,388	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.767946	13.087061	1.016612	11.810742	10.280317	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,180,490	366,659	58,627	193,382	161,830	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.471638	1.462413	0.078870	0.790288	1.121530	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
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: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT 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	62,552					11.00
13.00	01300	NURSING ADMINISTRATION	1,101	42,591				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	266	0	14,946,219			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	742	0	0	709,967,925		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	29,227	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,854	23,854	1,088,505	57,923,594	25,813	30.00
43.00	04300	NURSERY	512	512	0	1,710,209	1,542	43.00
44.00	04400	SKILLED NURSING FACILITY	1,269	1,269	15,474	1,427,671	1,872	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,478	4,478	0	54,819,577	0	50.00
51.00	05100	RECOVERY ROOM	523	523	9,872	3,137,302	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,040	2,040	384	6,807,699	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	129,329	6,084,318	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,286	0	47,493	17,012,664	0	54.00
54.10	03440	MAMMOGRAPHY	527	0	0	8,159,058	0	54.10
54.20	03630	ULTRA SOUND	860	0	0	14,619,498	0	54.20
54.30	05401	ECHOCARDIOLOGY	506	506	4,938	10,990,708	0	54.30
56.00	05600	RADIOISOTOPE	375	0	800	11,839,137	0	56.00
57.00	05700	CT SCAN	993	0	0	47,001,624	0	57.00
58.00	05800	MRI	305	0	42,144	11,470,195	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	973	973	0	28,806,421	0	59.00
60.00	06000	LABORATORY	4,023	0	119,428	107,980,124	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,982,011	0	63.00
64.00	06400	INTRAVENOUS THERAPY	325	0	4,199	2,536,869	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,167	1,167	265,386	13,947,705	0	65.00
66.00	06600	PHYSICAL THERAPY	2,617	0	13,812	14,376,875	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	960	0	0	4,173,973	0	67.00
68.00	06800	SPEECH PATHOLOGY	484	0	131,118	1,318,355	0	68.00
69.00	06900	ELECTROCARDIOLOGY	415	415	9,216	5,834,332	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	729	0	8,543	5,791,444	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,907,951	32,476,856	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,064,771	34,803,062	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,711	0	608,171	143,837,598	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	3,045,065	0	76.00
76.20	03951	PAIN CLINIC	848	848	83,180	5,914,085	0	76.20
76.97	07697	CARDIAC REHABILITATION	321	0	1,700	940,827	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	492	0	77,508	5,813,646	0	90.00
91.00	09100	EMERGENCY	6,006	6,006	311,833	43,385,423	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)	60,708	42,591	14,945,755	709,967,925	29,227	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	164	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	982	0	0	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	22	0	59	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	281	0	405	0	0	192.20
192.30	19203	MCLEAN CO EMS	393	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	2	0	0	0	0	192.60
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)	605,664	4,290,738	164,779	858,859	1,835,917	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.682568	100.742833	0.011025	0.001210	62.815787	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	84,076	425,414	5,748	72,551	61,006	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.344098	9.988354	0.000385	0.000102	2.087317	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: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER		
		PRGM COSTS		
		APPRV (ASSIGNED TIME)		
		22.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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 SERVICES & SUPPLY		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.10	03440	MAMMOGRAPHY	0	54.10
54.20	03630	ULTRA SOUND	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	54.30
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.20	03951	PAIN CLINIC	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	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)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	192.20
192.30	19203	MCLEAN CO EMS	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	192.60
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/4/2021 10:48 am

			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	39,645,308		39,645,308	0	39,645,308	30.00
43.00	04300	NURSERY	980,913		980,913	0	980,913	43.00
44.00	04400	SKILLED NURSING FACILITY	1,766,916		1,766,916	0	1,766,916	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,494,329		9,494,329	0	9,494,329	50.00
51.00	05100	RECOVERY ROOM	1,045,478		1,045,478	0	1,045,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,521,796		3,521,796	0	3,521,796	52.00
53.00	05300	ANESTHESIOLOGY	389,248		389,248	0	389,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,897,196		4,897,196	0	4,897,196	54.00
54.10	03440	MAMMOGRAPHY	952,335		952,335	0	952,335	54.10
54.20	03630	ULTRA SOUND	1,418,152		1,418,152	0	1,418,152	54.20
54.30	05401	ECHOCARDIOLOGY	950,732		950,732	0	950,732	54.30
56.00	05600	RADIOISOTOPE	1,356,869		1,356,869	0	1,356,869	56.00
57.00	05700	CT SCAN	1,884,161		1,884,161	0	1,884,161	57.00
58.00	05800	MRI	1,231,998		1,231,998	0	1,231,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,067,096		2,067,096	0	2,067,096	59.00
60.00	06000	LABORATORY	6,434,111		6,434,111	0	6,434,111	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	640,550		640,550	0	640,550	63.00
64.00	06400	INTRAVENOUS THERAPY	514,603		514,603	0	514,603	64.00
65.00	06500	RESPIRATORY THERAPY	2,132,866	0	2,132,866	0	2,132,866	65.00
66.00	06600	PHYSICAL THERAPY	4,369,509	0	4,369,509	0	4,369,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,450,752	0	1,450,752	0	1,450,752	67.00
68.00	06800	SPEECH PATHOLOGY	927,043	0	927,043	0	927,043	68.00
69.00	06900	ELECTROCARDIOLOGY	682,115		682,115	0	682,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,037,813		1,037,813	0	1,037,813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,419,581		7,419,581	0	7,419,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,637,641		7,637,641	0	7,637,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,067,269		14,067,269	0	14,067,269	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03330	ENDOSCOPY	1,226,982		1,226,982	0	1,226,982	76.00
76.20	03951	PAIN CLINIC	983,771		983,771	0	983,771	76.20
76.97	07697	CARDIAC REHABILITATION	455,790		455,790	0	455,790	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,548,389		1,548,389	0	1,548,389	90.00
91.00	09100	EMERGENCY	8,828,888		8,828,888	0	8,828,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,566,139		4,566,139	0	4,566,139	92.00
200.00		Subtotal (see instructions)	136,526,339	0	136,526,339	0	136,526,339	200.00
201.00		Less Observation Beds	4,566,139		4,566,139	0	4,566,139	201.00
202.00		Total (see instructions)	131,960,200	0	131,960,200	0	131,960,200	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/4/2021 10:48 am

			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	50,105,276		50,105,276		30.00
43.00	04300	NURSERY	1,710,209		1,710,209		43.00
44.00	04400	SKILLED NURSING FACILITY	1,427,671		1,427,671		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,113,405	24,706,172	54,819,577	0.173192	50.00
51.00	05100	RECOVERY ROOM	1,637,527	1,499,775	3,137,302	0.333241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,568,366	1,239,333	6,807,699	0.517325	52.00
53.00	05300	ANESTHESIOLOGY	3,345,318	2,739,000	6,084,318	0.063976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,755,448	12,257,216	17,012,664	0.287856	54.00
54.10	03440	MAMMOGRAPHY	68,663	8,090,395	8,159,058	0.116721	54.10
54.20	03630	ULTRA SOUND	2,460,978	12,158,520	14,619,498	0.097004	54.20
54.30	05401	ECHOCARDIOLOGY	4,066,729	6,923,979	10,990,708	0.086503	54.30
56.00	05600	RADIOISOTOPE	1,233,480	10,605,657	11,839,137	0.114609	56.00
57.00	05700	CT SCAN	15,307,155	31,694,469	47,001,624	0.040087	57.00
58.00	05800	MRI	3,690,249	7,779,946	11,470,195	0.107409	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,954,991	12,851,430	28,806,421	0.071758	59.00
60.00	06000	LABORATORY	37,897,955	70,082,169	107,980,124	0.059586	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,477,419	504,592	1,982,011	0.323182	63.00
64.00	06400	INTRAVENOUS THERAPY	814,940	1,721,929	2,536,869	0.202850	64.00
65.00	06500	RESPIRATORY THERAPY	11,430,072	2,517,633	13,947,705	0.152919	65.00
66.00	06600	PHYSICAL THERAPY	3,654,390	10,722,485	14,376,875	0.303926	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,346,370	1,827,603	4,173,973	0.347571	67.00
68.00	06800	SPEECH PATHOLOGY	460,221	858,134	1,318,355	0.703182	68.00
69.00	06900	ELECTROCARDIOLOGY	1,448,064	4,386,268	5,834,332	0.116914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	711,485	5,079,959	5,791,444	0.179198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,124,116	14,352,740	32,476,856	0.228457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,168,731	11,634,331	34,803,062	0.219453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,815,745	62,021,853	143,837,598	0.097800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03330	ENDOSCOPY	2,462,799	582,266	3,045,065	0.402941	76.00
76.20	03951	PAIN CLINIC	1,234	5,912,851	5,914,085	0.166344	76.20
76.97	07697	CARDIAC REHABILITATION	283,503	657,324	940,827	0.484457	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	91,462	5,722,184	5,813,646	0.266337	90.00
91.00	09100	EMERGENCY	9,919,942	33,465,481	43,385,423	0.203499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,386,439	5,431,879	7,818,318	0.584031	92.00
200.00		Subtotal (see instructions)	339,940,352	370,027,573	709,967,925		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	339,940,352	370,027,573	709,967,925		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.173192			50.00
51.00	05100	RECOVERY ROOM	0.333241			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517325			52.00
53.00	05300	ANESTHESIOLOGY	0.063976			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287856			54.00
54.10	03440	MAMMOGRAPHY	0.116721			54.10
54.20	03630	ULTRA SOUND	0.097004			54.20
54.30	05401	ECHOCARDIOLOGY	0.086503			54.30
56.00	05600	RADIOISOTOPE	0.114609			56.00
57.00	05700	CT SCAN	0.040087			57.00
58.00	05800	MRI	0.107409			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071758			59.00
60.00	06000	LABORATORY	0.059586			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.323182			63.00
64.00	06400	INTRAVENOUS THERAPY	0.202850			64.00
65.00	06500	RESPIRATORY THERAPY	0.152919			65.00
66.00	06600	PHYSICAL THERAPY	0.303926			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347571			67.00
68.00	06800	SPEECH PATHOLOGY	0.703182			68.00
69.00	06900	ELECTROCARDIOLOGY	0.116914			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179198			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.228457			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.219453			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.097800			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.402941			76.00
76.20	03951	PAIN CLINIC	0.166344			76.20
76.97	07697	CARDIAC REHABILITATION	0.484457			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.266337			90.00
91.00	09100	EMERGENCY	0.203499			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.584031			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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/4/2021 10:48 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
1.00			2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,645,308		39,645,308	0	39,645,308	30.00
43.00	04300	NURSERY	980,913		980,913	0	980,913	43.00
44.00	04400	SKILLED NURSING FACILITY	1,766,916		1,766,916	0	1,766,916	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,494,329		9,494,329	0	9,494,329	50.00
51.00	05100	RECOVERY ROOM	1,045,478		1,045,478	0	1,045,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,521,796		3,521,796	0	3,521,796	52.00
53.00	05300	ANESTHESIOLOGY	389,248		389,248	0	389,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,897,196		4,897,196	0	4,897,196	54.00
54.10	03440	MAMMOGRAPHY	952,335		952,335	0	952,335	54.10
54.20	03630	ULTRA SOUND	1,418,152		1,418,152	0	1,418,152	54.20
54.30	05401	ECHOCARDIOLOGY	950,732		950,732	0	950,732	54.30
56.00	05600	RADIOISOTOPE	1,356,869		1,356,869	0	1,356,869	56.00
57.00	05700	CT SCAN	1,884,161		1,884,161	0	1,884,161	57.00
58.00	05800	MRI	1,231,998		1,231,998	0	1,231,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,067,096		2,067,096	0	2,067,096	59.00
60.00	06000	LABORATORY	6,434,111		6,434,111	0	6,434,111	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	640,550		640,550	0	640,550	63.00
64.00	06400	INTRAVENOUS THERAPY	514,603		514,603	0	514,603	64.00
65.00	06500	RESPIRATORY THERAPY	2,132,866	0	2,132,866	0	2,132,866	65.00
66.00	06600	PHYSICAL THERAPY	4,369,509	0	4,369,509	0	4,369,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,450,752	0	1,450,752	0	1,450,752	67.00
68.00	06800	SPEECH PATHOLOGY	927,043	0	927,043	0	927,043	68.00
69.00	06900	ELECTROCARDIOLOGY	682,115		682,115	0	682,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,037,813		1,037,813	0	1,037,813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,419,581		7,419,581	0	7,419,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,637,641		7,637,641	0	7,637,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,067,269		14,067,269	0	14,067,269	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03330	ENDOSCOPY	1,226,982		1,226,982	0	1,226,982	76.00
76.20	03951	PAIN CLINIC	983,771		983,771	0	983,771	76.20
76.97	07697	CARDIAC REHABILITATION	455,790		455,790	0	455,790	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,548,389		1,548,389	0	1,548,389	90.00
91.00	09100	EMERGENCY	8,828,888		8,828,888	0	8,828,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,566,139		4,566,139		4,566,139	92.00
200.00		Subtotal (see instructions)	136,526,339	0	136,526,339	0	136,526,339	200.00
201.00		Less Observation Beds	4,566,139		4,566,139		4,566,139	201.00
202.00		Total (see instructions)	131,960,200	0	131,960,200	0	131,960,200	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/4/2021 10:48 am

			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	50,105,276		50,105,276		30.00
43.00	04300	NURSERY	1,710,209		1,710,209		43.00
44.00	04400	SKILLED NURSING FACILITY	1,427,671		1,427,671		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,113,405	24,706,172	54,819,577	0.173192	50.00
51.00	05100	RECOVERY ROOM	1,637,527	1,499,775	3,137,302	0.333241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,568,366	1,239,333	6,807,699	0.517325	52.00
53.00	05300	ANESTHESIOLOGY	3,345,318	2,739,000	6,084,318	0.063976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,755,448	12,257,216	17,012,664	0.287856	54.00
54.10	03440	MAMMOGRAPHY	68,663	8,090,395	8,159,058	0.116721	54.10
54.20	03630	ULTRA SOUND	2,460,978	12,158,520	14,619,498	0.097004	54.20
54.30	05401	ECHOCARDIOLOGY	4,066,729	6,923,979	10,990,708	0.086503	54.30
56.00	05600	RADIOISOTOPE	1,233,480	10,605,657	11,839,137	0.114609	56.00
57.00	05700	CT SCAN	15,307,155	31,694,469	47,001,624	0.040087	57.00
58.00	05800	MRI	3,690,249	7,779,946	11,470,195	0.107409	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,954,991	12,851,430	28,806,421	0.071758	59.00
60.00	06000	LABORATORY	37,897,955	70,082,169	107,980,124	0.059586	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,477,419	504,592	1,982,011	0.323182	63.00
64.00	06400	INTRAVENOUS THERAPY	814,940	1,721,929	2,536,869	0.202850	64.00
65.00	06500	RESPIRATORY THERAPY	11,430,072	2,517,633	13,947,705	0.152919	65.00
66.00	06600	PHYSICAL THERAPY	3,654,390	10,722,485	14,376,875	0.303926	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,346,370	1,827,603	4,173,973	0.347571	67.00
68.00	06800	SPEECH PATHOLOGY	460,221	858,134	1,318,355	0.703182	68.00
69.00	06900	ELECTROCARDIOLOGY	1,448,064	4,386,268	5,834,332	0.116914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	711,485	5,079,959	5,791,444	0.179198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,124,116	14,352,740	32,476,856	0.228457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,168,731	11,634,331	34,803,062	0.219453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,815,745	62,021,853	143,837,598	0.097800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03330	ENDOSCOPY	2,462,799	582,266	3,045,065	0.402941	76.00
76.20	03951	PAIN CLINIC	1,234	5,912,851	5,914,085	0.166344	76.20
76.97	07697	CARDIAC REHABILITATION	283,503	657,324	940,827	0.484457	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	91,462	5,722,184	5,813,646	0.266337	90.00
91.00	09100	EMERGENCY	9,919,942	33,465,481	43,385,423	0.203499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,386,439	5,431,879	7,818,318	0.584031	92.00
200.00		Subtotal (see instructions)	339,940,352	370,027,573	709,967,925		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	339,940,352	370,027,573	709,967,925		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03440	MAMMOGRAPHY	0.000000			54.10
54.20	03630	ULTRA SOUND	0.000000			54.20
54.30	05401	ECHOCARDIOLOGY	0.000000			54.30
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
76.20	03951	PAIN CLINIC	0.000000			76.20
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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/4/2021 10:48 am

			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	3,276,095	0	3,276,095	29,173	112.30	30.00
43.00	NURSERY	102,110		102,110	1,542	66.22	43.00
44.00	SKILLED NURSING FACILITY	182,951		182,951	1,872	97.73	44.00
200.00	Total (lines 30 through 199)	3,561,156		3,561,156	32,587		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	11,035	1,239,231				30.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	997	97,437				44.00
200.00	Total (lines 30 through 199)	12,032	1,336,668				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/4/2021 10:48 am

			Title XVIII		Hospital	PPS		
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,904,839	54,819,577	0.034747	10,701,735	371,853	50.00
51.00	05100	RECOVERY ROOM	137,660	3,137,302	0.043878	505,788	22,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	393,609	6,807,699	0.057818	0	0	52.00
53.00	05300	ANESTHESIOLOGY	58,320	6,084,318	0.009585	1,156,758	11,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	539,944	17,012,664	0.031738	2,372,277	75,291	54.00
54.10	03440	MAMMOGRAPHY	175,221	8,159,058	0.021476	65,113	1,398	54.10
54.20	03630	ULTRA SOUND	139,583	14,619,498	0.009548	988,436	9,438	54.20
54.30	05401	ECHOCARDIOLOGY	89,383	10,990,708	0.008133	1,850,803	15,053	54.30
56.00	05600	RADIOISOTOPE	231,502	11,839,137	0.019554	628,832	12,296	56.00
57.00	05700	CT SCAN	316,083	47,001,624	0.006725	6,536,697	43,959	57.00
58.00	05800	MRI	272,640	11,470,195	0.023769	1,462,090	34,752	58.00
59.00	05900	CARDIAC CATHETERIZATION	388,996	28,806,421	0.013504	4,806,655	64,909	59.00
60.00	06000	LABORATORY	523,085	107,980,124	0.004844	15,672,005	75,915	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	21,407	1,982,011	0.010801	720,859	7,786	63.00
64.00	06400	INTRAVENOUS THERAPY	69,594	2,536,869	0.027433	307,693	8,441	64.00
65.00	06500	RESPIRATORY THERAPY	161,617	13,947,705	0.011587	5,103,025	59,129	65.00
66.00	06600	PHYSICAL THERAPY	651,342	14,376,875	0.045305	1,577,321	71,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,554	4,173,973	0.019778	1,003,457	19,846	67.00
68.00	06800	SPEECH PATHOLOGY	125,971	1,318,355	0.095552	176,701	16,884	68.00
69.00	06900	ELECTROCARDIOLOGY	93,977	5,834,332	0.016108	654,128	10,537	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,092	5,791,444	0.017973	517,388	9,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	514,080	32,476,856	0.015829	6,833,364	108,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	256,051	34,803,062	0.007357	8,330,545	61,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	818,643	143,837,598	0.005691	31,163,050	177,349	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03330	ENDOSCOPY	147,177	3,045,065	0.048333	1,244,487	60,150	76.00
76.20	03951	PAIN CLINIC	114,775	5,914,085	0.019407	853	17	76.20
76.97	07697	CARDIAC REHABILITATION	65,543	940,827	0.069665	48,578	3,384	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	241,718	5,813,646	0.041578	38,908	1,618	90.00
91.00	09100	EMERGENCY	616,227	43,385,423	0.014204	4,285,867	60,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	377,323	7,818,318	0.048261	1,031,166	49,765	92.00
200.00	Total (lines 50 through 199)		9,632,956	656,724,769		109,784,579	1,464,140	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0162		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/4/2021 10:48 am		
					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	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	29,173	0.00	11,035		30.00	
43.00	04300	NURSERY			0	1,542	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	1,872	0.00	997		44.00	
200.00		Total (lines 30 through 199)			0	32,587		12,032		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	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/4/2021 10:48 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	0	54.30
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/4/2021 10:48 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	54,819,577	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,137,302	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,807,699	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,084,318	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,012,664	0.000000	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	8,159,058	0.000000	54.10
54.20	03630	ULTRA SOUND	0	0	0	14,619,498	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	10,990,708	0.000000	54.30
56.00	05600	RADIOISOTOPE	0	0	0	11,839,137	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	47,001,624	0.000000	57.00
58.00	05800	MRI	0	0	0	11,470,195	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,806,421	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	107,980,124	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,982,011	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,536,869	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,947,705	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,376,875	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,173,973	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,318,355	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,834,332	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,791,444	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	32,476,856	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,803,062	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	143,837,598	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	3,045,065	0.000000	76.00
76.20	03951	PAIN CLINIC	0	0	0	5,914,085	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	940,827	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,813,646	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	43,385,423	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,818,318	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	656,724,769		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/4/2021 10:48 am

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	10,701,735	0	5,363,515	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	505,788	0	451,036	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,156,758	0	561,453	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,372,277	0	3,468,401	0	54.00
54.10	03440	MAMMOGRAPHY	0.000000	65,113	0	102,277	0	54.10
54.20	03630	ULTRA SOUND	0.000000	988,436	0	2,668,902	0	54.20
54.30	05401	ECHOCARDIOLOGY	0.000000	1,850,803	0	2,092,348	0	54.30
56.00	05600	RADIOISOTOPE	0.000000	628,832	0	3,289,765	0	56.00
57.00	05700	CT SCAN	0.000000	6,536,697	0	5,994,092	0	57.00
58.00	05800	MRI	0.000000	1,462,090	0	1,468,519	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,806,655	0	5,377,916	0	59.00
60.00	06000	LABORATORY	0.000000	15,672,005	0	5,657,055	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	720,859	0	173,990	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	307,693	0	662,825	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,103,025	0	607,095	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,577,321	0	46,082	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,003,457	0	9,463	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	176,701	0	16,835	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	654,128	0	1,018,563	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	517,388	0	1,131,074	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,833,364	0	4,958,288	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,330,545	0	3,757,222	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	31,163,050	0	19,279,584	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	1,244,487	0	70,500	0	76.00
76.20	03951	PAIN CLINIC	0.000000	853	0	1,312,000	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.000000	48,578	0	152,694	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	38,908	0	2,285,161	0	90.00
91.00	09100	EMERGENCY	0.000000	4,285,867	0	5,546,599	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,031,166	0	596,569	0	92.00
200.00		Total (lines 50 through 199)		109,784,579	0	78,119,823	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/4/2021 10:48 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.173192	5,363,515	0	0	928,918	50.00
51.00	05100	RECOVERY ROOM	0.333241	451,036	0	0	150,304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517325	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063976	561,453	0	0	35,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287856	3,468,401	0	0	998,400	54.00
54.10	03440	MAMMOGRAPHY	0.116721	102,277	0	0	11,938	54.10
54.20	03630	ULTRA SOUND	0.097004	2,668,902	0	0	258,894	54.20
54.30	05401	ECHOCARDIOLOGY	0.086503	2,092,348	0	0	180,994	54.30
56.00	05600	RADIOISOTOPE	0.114609	3,289,765	0	0	377,037	56.00
57.00	05700	CT SCAN	0.040087	5,994,092	0	0	240,285	57.00
58.00	05800	MRI	0.107409	1,468,519	0	0	157,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071758	5,377,916	0	0	385,908	59.00
60.00	06000	LABORATORY	0.059586	5,657,055	1,500	0	337,081	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.323182	173,990	0	0	56,230	63.00
64.00	06400	INTRAVENOUS THERAPY	0.202850	662,825	0	0	134,454	64.00
65.00	06500	RESPIRATORY THERAPY	0.152919	607,095	0	0	92,836	65.00
66.00	06600	PHYSICAL THERAPY	0.303926	46,082	0	0	14,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347571	9,463	0	0	3,289	67.00
68.00	06800	SPEECH PATHOLOGY	0.703182	16,835	0	0	11,838	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116914	1,018,563	0	0	119,084	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179198	1,131,074	0	0	202,686	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.228457	4,958,288	0	0	1,132,756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.219453	3,757,222	0	0	824,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.097800	19,279,584	0	114,703	1,885,543	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.402941	70,500	0	0	28,407	76.00
76.20	03951	PAIN CLINIC	0.166344	1,312,000	0	0	218,243	76.20
76.97	07697	CARDIAC REHABILITATION	0.484457	152,694	0	0	73,974	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.266337	2,285,161	0	0	608,623	90.00
91.00	09100	EMERGENCY	0.203499	5,546,599	0	0	1,128,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.584031	596,569	0	0	348,415	92.00
200.00		Subtotal (see instructions)		78,119,823	1,500	114,703	10,947,056	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		78,119,823	1,500	114,703	10,947,056	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0162		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 3/4/2021 10:48 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03440	MAMMOGRAPHY	0	0		54.10
54.20	03630	ULTRA SOUND	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	0		54.30
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	89	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	11,218		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.20	03951	PAIN CLINIC	0	0		76.20
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)	89	11,218		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	89	11,218		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/4/2021 10:48 am
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)		29,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,173	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)		25,813	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		11,035	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)		39,645,308	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)		39,645,308	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)		39,645,308	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)		1,358.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,996,234	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)		14,996,234	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

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

Worksheet D-1

Date/Time Prepared:
3/4/2021 10:48 am

			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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,456,639	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,452,873	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,239,231	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,464,140	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,703,371	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,749,502	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,360	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,358.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,566,139	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

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

Worksheet D-1

Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,276,095	39,645,308	0.082635	4,566,139	377,323
91.00	Nursing School cost	0	39,645,308	0.000000	4,566,139	0
92.00	Allied health cost	0	39,645,308	0.000000	4,566,139	0
93.00	All other Medical Education	0	39,645,308	0.000000	4,566,139	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/4/2021 10:48 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,872	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,872	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,872	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		997	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,766,916	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,766,916	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,766,916	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/4/2021 10:48 am
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				1,766,916	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				943.87	71.00
72.00 Program routine service cost (line 9 x line 71)				941,038	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				941,038	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				941,038	83.00
84.00 Program inpatient ancillary services (see instructions)				266,624	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				1,207,662	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/4/2021 10:48 am	
			Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/4/2021 10:48 am	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,464,206	30.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.173192	10,701,735	50.00
51.00	05100	RECOVERY ROOM	0.333241	505,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517325	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063976	1,156,758	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287856	2,372,277	54.00
54.10	03440	MAMMOGRAPHY	0.116721	65,113	54.10
54.20	03630	ULTRA SOUND	0.097004	988,436	54.20
54.30	05401	ECHOCARDIOLOGY	0.086503	1,850,803	54.30
56.00	05600	RADIOISOTOPE	0.114609	628,832	56.00
57.00	05700	CT SCAN	0.040087	6,536,697	57.00
58.00	05800	MRI	0.107409	1,462,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071758	4,806,655	59.00
60.00	06000	LABORATORY	0.059586	15,672,005	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.323182	720,859	63.00
64.00	06400	INTRAVENOUS THERAPY	0.202850	307,693	64.00
65.00	06500	RESPIRATORY THERAPY	0.152919	5,103,025	65.00
66.00	06600	PHYSICAL THERAPY	0.303926	1,577,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347571	1,003,457	67.00
68.00	06800	SPEECH PATHOLOGY	0.703182	176,701	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116914	654,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179198	517,388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.228457	6,833,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.219453	8,330,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.097800	31,163,050	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0.402941	1,244,487	76.00
76.20	03951	PAIN CLINIC	0.166344	853	76.20
76.97	07697	CARDIAC REHABILITATION	0.484457	48,578	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.266337	38,908	90.00
91.00	09100	EMERGENCY	0.203499	4,285,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.584031	1,031,166	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		109,784,579	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		109,784,579	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/4/2021 10:48 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.173192	0	0	50.00
51.00	05100 RECOVERY ROOM	0.333241	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.517325	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063976	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287856	14,077	4,052	54.00
54.10	03440 MAMMOGRAPHY	0.116721	0	0	54.10
54.20	03630 ULTRA SOUND	0.097004	8,390	814	54.20
54.30	05401 ECHOCARDIOLOGY	0.086503	5,012	434	54.30
56.00	05600 RADIOISOTOPE	0.114609	0	0	56.00
57.00	05700 CT SCAN	0.040087	14,715	590	57.00
58.00	05800 MRI	0.107409	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071758	0	0	59.00
60.00	06000 LABORATORY	0.059586	171,542	10,222	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.323182	1,540	498	63.00
64.00	06400 INTRAVENOUS THERAPY	0.202850	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.152919	111,471	17,046	65.00
66.00	06600 PHYSICAL THERAPY	0.303926	249,570	75,851	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.347571	192,914	67,051	67.00
68.00	06800 SPEECH PATHOLOGY	0.703182	12,303	8,651	68.00
69.00	06900 ELECTROCARDIOLOGY	0.116914	1,690	198	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.179198	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.228457	30,618	6,995	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.219453	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.097800	734,795	71,863	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03330 ENDOSCOPY	0.402941	0	0	76.00
76.20	03951 PAIN CLINIC	0.166344	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.484457	4,869	2,359	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.266337	0	0	90.00
91.00	09100 EMERGENCY	0.203499	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.584031	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,553,506	266,624	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,553,506		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/4/2021 10:48 am	
		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)			22,344,771	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)			376,167	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)			127.82	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)			12.63	31.00
32.00	Sum of lines 30 and 31			15.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)			2.98	33.00
34.00	Disproportionate share adjustment (see instructions)			166,469	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/4/2021 10:48 am	
		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	0.000110114	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	919,521	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	919,521	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		919,521		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)	23,806,928			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			23,806,928	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,881,845	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)			25,688,773	59.00
60.00	Primary payer payments			31,070	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			25,657,703	61.00
62.00	Deductibles billed to program beneficiaries			2,506,328	62.00
63.00	Coinsurance billed to program beneficiaries			64,988	63.00
64.00	Allowable bad debts (see instructions)			372,533	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			242,146	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			317,730	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			23,328,533	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)			150,856	70.93
70.94	HRR adjustment amount (see instructions)			-203,338	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
3/4/2021 10:48 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			23,276,051	71.00
71.01	Sequestration adjustment (see instructions)			270,002	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			23,010,141	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-4,092	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			591,608	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: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/4/2021 10:48 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,307	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,947,056	2.00
3.00	OPPS payments		10,715,977	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)		11,307	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		116,203	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)		116,203	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)		116,203	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,896	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)		11,307	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)		10,715,977	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)		1,942,718	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)		8,784,266	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)		8,784,266	30.00
31.00	Primary payer payments		320	31.00
32.00	Subtotal (line 30 minus line 31)		8,783,946	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)		240,478	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		156,311	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		202,373	36.00
37.00	Subtotal (see instructions)		8,940,257	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)		8,940,257	40.00
40.01	Sequestration adjustment (see instructions)		103,707	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		8,883,908	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)		-47,358	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: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/4/2021 10:48 am

		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		23,010,141		8,883,908	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)		23,010,141		8,883,908	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		4,092		47,358	6.02
7.00	Total Medicare program liability (see instructions)		23,006,049		8,836,550	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0162
 Component CCN: 14-5590

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 3/4/2021 10:48 am

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		518,012		0		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		518,012		0		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		1,446		0		6.02
7.00	Total Medicare program liability (see instructions)		516,566		0		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/4/2021 10:48 am

		Title XVIII	Hospital	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 3/4/2021 10:48 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			541,950 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			541,950 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			
6.00	Deductible			0 6.00
7.00	Coinsurance			16,258 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			525,692 12.00
13.00	Inpatient primary payer payments			3,064 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			522,628 15.00
15.01	Sequestration adjustment (see instructions)			6,062 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			518,012 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)			-1,446 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 14-0162

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

Worksheet G

Date/Time Prepared:
3/4/2021 10:48 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,894,164	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	100,552,011	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-77,434,982	0	0	0	6.00
7.00	Inventory	3,584,876	0	0	0	7.00
8.00	Prepaid expenses	287,785	0	0	0	8.00
9.00	Other current assets	2,213,265	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)	31,097,119	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,603,420	0	0	0	12.00
13.00	Land improvements	1,166,650	0	0	0	13.00
14.00	Accumulated depreciation	-1,089,441	0	0	0	14.00
15.00	Buildings	150,107,109	0	0	0	15.00
16.00	Accumulated depreciation	-76,464,620	0	0	0	16.00
17.00	Leasehold improvements	190,139	0	0	0	17.00
18.00	Accumulated depreciation	-147,074	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	62,718,545	0	0	0	23.00
24.00	Accumulated depreciation	-41,896,933	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,192,585	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	98,380,380	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	271,513,539	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	271,513,539	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	400,991,038	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,186,898	0	0	0	37.00
38.00	Salaries, wages, and fees payable	378,438	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	651,097	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	232,150	0	0	0	43.00
44.00	Other current liabilities	31,715,756	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,164,339	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	631,244	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	631,244	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,795,583	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	361,195,455				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	361,195,455	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	400,991,038	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0162

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

Worksheet G-1

Date/Time Prepared:
3/4/2021 10:48 am

		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		350,426,876		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		43,462,767				2.00
3.00	Total (sum of line 1 and line 2)		393,889,643		0		3.00
4.00	OTHER	2,603,330		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,603,330		0		10.00
11.00	Subtotal (line 3 plus line 10)		396,492,973		0		11.00
12.00	EQUITY TRANSFER	35,297,518		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		35,297,518		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		361,195,455		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/4/2021 10:48 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	51,815,485		51,815,485	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	1,427,671		1,427,671	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)	53,243,156		53,243,156	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	53,243,156		53,243,156	17.00
18.00	Ancillary services	274,299,352	325,408,029	599,707,381	18.00
19.00	Outpatient services	12,397,843	44,619,544	57,017,387	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	5,187,469	16,544,611	21,732,080	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	345,127,820	386,572,184	731,700,004	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		157,905,621		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)		157,905,621		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0162

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

Worksheet G-3

Date/Time Prepared:
3/4/2021 10:48 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	731,700,004	1.00
2.00	Less contractual allowances and discounts on patients' accounts	551,488,996	2.00
3.00	Net patient revenues (line 1 minus line 2)	180,211,008	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	157,905,621	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,305,387	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	603,373	6.00
7.00	Income from investments	15,275,815	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	382,727	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	55,049	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	519,609	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	857,043	24.00
24.01	FINANCE CHARGE FROM PATIENT ACCOUNTS	108,457	24.01
24.02	RISK FOR VALUE BASED RESERVE	2,165,061	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.50	COVID-19 PHE Funding	1,636,630	24.50
25.00	Total other income (sum of lines 6-24)	21,603,764	25.00
26.00	Total (line 5 plus line 25)	43,909,151	26.00
27.00	MINORITY INTEREST	-1,048	27.00
27.01	PENSION COST	447,432	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	446,384	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	43,462,767	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0162	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/4/2021 10:48 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,766,235	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		58,384	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)		71.00	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)		3.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.63	8.00
9.00	Sum of lines 7 and 8		15.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.24	10.00
11.00	Disproportionate share adjustment (see instructions)		57,226	11.00
12.00	Total prospective capital payments (see instructions)		1,881,845	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