

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: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/26/2021 12:19 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/26/2021	Time: 12:19 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT ANTHONY MEDICAL CENTER (14-0233) 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	-507,680	-110,556	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-507,680	-110,556	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: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/26/2021 12:19 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5666 EAST STATE STREET			PO Box:				1.00			
2.00	City: ROCKFORD			State: IL		Zip Code: 61108-2472		County: WINNEBAGO			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			SAINT ANTHONY MEDICAL CENTER	140233	40420	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										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
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	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,482	1,963	0	0	3,875	67	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						20.00	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/26/2021 12:19 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.03	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
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	6.22	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.00	0.26	0.000000
67.01			0.00	0.00	0.000000	67.01
67.02			0.00	0.00	0.000000	67.02
				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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/26/2021 12:19 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,487,530		550,000		3,443,134	
						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/26/2021 12:19 pm	
			1.00	2.00	
133.00	Removed and reserved				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	HB1728	140.00
			1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE	Contractor's Number: 06101		141.00
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:			142.00
143.00	City: PEORIA	State: IL	Zip Code: 61603		143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?				Y
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	08/28/2019	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
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N
			Part A	Part B	Title V
			1.00	2.00	3.00
			Title XIX		4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	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
		Name	County	State	Zip Code
		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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/26/2021 12:19 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/26/2021 12:19 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/29/2021 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/26/2021 12:19 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			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.	DEBRA	DIDIER	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.	309-655-2855	DEBRA.J.DIDIER@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING 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: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	203	74,298	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)		203	74,298	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,908	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						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)		241	88,206	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		241			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)		139	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: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,937	979	37,079			1.00
2.00	HMO and other (see instructions)	9,440	5,838				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)	16,937	979	37,079			7.00
8.00	INTENSIVE CARE UNIT	3,388	393	9,021			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		110	779			13.00
14.00	Total (see instructions)	20,325	1,482	46,879	6.48	1,308.83	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				6.48	1,308.83	27.00
28.00	Observation Bed Days		489	3,479			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	67	139			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: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,235	373	9,779	1.00
2.00 HMO and other (see instructions)			1,834	1,928		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	4,235	373	9,779	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	91,836,478	909,713	92,746,191	2,799,801.00	33.13
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		519,013	0	519,013	3,060.00	169.61
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician and Non Physician-Part B		6,274,099	0	6,274,099	13,793.00	454.88
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	304,194	304,194	12,285.00	24.76
7.01	Contracted interns and residents (in an approved programs)		67,760	0	67,760	2,212.00	30.63
8.00	Home office and/or related organization personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,627,467	639,214	4,266,681	112,255.00	38.01
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,189,773	0	4,189,773	44,522.00	94.11
12.00	Contract labor: Top level management and other management and administrative services		91,725	0	91,725	555.00	165.27
13.00	Contract labor: Physician-Part A - Administrative		760,576	0	760,576	4,021.00	189.15
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	14.00
14.01	Home office salaries		27,273,829	0	27,273,829	768,701.00	35.48
14.02	Related organization salaries		0	0	0	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,766,343	0	24,766,343		17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas		1,159,527	0	1,159,527		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		53,976	0	53,976		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		249,686	0	249,686		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
25.50	Home office wage-related (core)		9,256,436	0	9,256,436		25.50
25.51	Related organization wage-related (core)		0	0	0		25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	62,345	2,994	65,339	1,364.00	47.90	26.00
27.00	Administrative & General	5.00	6,247,280	-308,677	5,938,603	151,534.00	39.19	27.00
28.00	Administrative & General under contract (see inst.)		2,778,570	0	2,778,570	19,948.00	139.29	28.00
29.00	Maintenance & Repairs	6.00	1,858,977	-10,564	1,848,413	73,377.00	25.19	29.00
30.00	Operation of Plant	7.00	1,039,811	-8,142	1,031,669	50,031.00	20.62	30.00
31.00	Laundry & Linen Service	8.00	141,842	-806	141,036	8,937.00	15.78	31.00
32.00	Housekeeping	9.00	2,078,430	-24,265	2,054,165	133,797.00	15.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,572,282	-1,087,288	484,994	42,586.00	11.39	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,076,746	1,076,746	53,325.00	20.19	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,237,691	10,886	1,248,577	28,087.00	44.45	38.00
39.00	Central Services and Supply	14.00	0	273,639	273,639	18,048.00	15.16	39.00
40.00	Pharmacy	15.00	2,280,749	-12,960	2,267,789	57,270.00	39.60	40.00
41.00	Medical Records & Medical Records Library	16.00	740,425	-4,207	736,218	30,416.00	24.20	41.00
42.00	Social Service	17.00	392,025	-2,228	389,797	11,832.00	32.94	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/26/2021 12:19 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	88,273,189	605,519	88,878,708	2,791,459.00	31.84	1.00
2.00	Excluded area salaries (see instructions)	3,627,467	639,214	4,266,681	112,255.00	38.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,645,722	-33,695	84,612,027	2,679,204.00	31.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,315,903	0	32,315,903	817,799.00	39.52	4.00
5.00	Subtotal wage-related costs (see inst.)	34,076,755	0	34,076,755	0.00	40.27	5.00
6.00	Total (sum of lines 3 thru 5)	151,038,380	-33,695	151,004,685	3,497,003.00	43.18	6.00
7.00	Total overhead cost (see instructions)	20,430,427	-94,872	20,335,555	680,552.00	29.88	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 3/26/2021 12:19 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,657,658 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)			894,236 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)			13,831,177 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)			150,959 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			784,981 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			6,682,362 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			37,111 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			290,860 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			26,329,344 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: 14-0233

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 3/26/2021 12:19 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,189,773	26,329,344	1.00
2.00	Hospital	4,189,773	26,329,344	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0233

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

Worksheet S-10

Date/Time Prepared:
3/26/2021 12:19 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.201404		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		21,650,442		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		179,549,140		6.00
7.00	Medicaid cost (line 1 times line 6)		36,161,915		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)		14,511,473		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)		14,511,473		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)	20,596,960	5,289,774	25,886,734	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,148,310	5,289,774	9,438,084	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)	4,148,310	5,289,774	9,438,084	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)		14,466,580		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		954,284		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,468,130		27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,998,450		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,131,786		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,569,870		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		27,081,343		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

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

Worksheet A

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,301,565	5,301,565	163,942	5,465,507	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,036,805	8,036,805	99,834	8,136,639	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	62,345	5,257,304	5,319,649	21,413,725	26,733,374	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,247,280	79,833,115	86,080,395	-8,335,556	77,744,839	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,858,977	10,492,670	12,351,647	-5,458,449	6,893,198	6.00
7.00	00700	OPERATION OF PLANT	1,039,811	3,135,302	4,175,113	-285,124	3,889,989	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	141,842	884,138	1,025,980	-53,825	972,155	8.00
9.00	00900	HOUSEKEEPING	2,078,430	1,426,841	3,505,271	-531,471	2,973,800	9.00
10.00	01000	DIETARY	1,572,282	1,707,551	3,279,833	-2,334,724	945,109	10.00
11.00	01100	CAFETERIA	0	0	0	2,011,308	2,011,308	11.00
13.00	01300	NURSING ADMINISTRATION	1,237,691	426,399	1,664,090	-273,839	1,390,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	273,639	273,639	14.00
15.00	01500	PHARMACY	2,280,749	2,019,966	4,300,715	39,155	4,339,870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	740,425	386,982	1,127,407	-165,987	961,420	16.00
17.00	01700	SOCIAL SERVICE	392,025	319,431	711,456	2,983,726	3,695,182	17.00
20.00	02000	NURSING SCHOOL	3,141,727	1,920,917	5,062,644	-633,901	4,428,743	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	371,954	371,954	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	304,203	354,274	658,477	-445,416	213,061	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	453,814	228,202	682,016	-109,652	572,364	23.01
23.02	02302	PHARMACY RESIDENCY	451,988	83,175	535,163	-69,350	465,813	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,521,685	12,418,665	29,940,350	-5,863,789	24,076,561	30.00
31.00	03100	INTENSIVE CARE UNIT	6,880,517	4,644,950	11,525,467	-1,850,850	9,674,617	31.00
43.00	04300	NURSERY	0	0	0	535,072	535,072	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,506,769	26,675,496	33,182,265	-24,581,170	8,601,095	50.00
51.00	05100	RECOVERY ROOM	939,193	339,414	1,278,607	-169,829	1,108,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,030,324	1,030,324	52.00
53.00	05300	ANESTHESIOLOGY	0	3,718,478	3,718,478	-2,505	3,715,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,006,587	1,714,766	4,721,353	2,560,269	7,281,622	54.00
54.01	05401	ULTRASOUND	1,168,867	490,350	1,659,217	-18,274	1,640,943	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,104,570	2,644,864	9,749,434	-1,067,005	8,682,429	55.00
56.00	05600	RADIOISOTOPE	351,194	623,205	974,399	321,056	1,295,455	56.00
57.00	05700	CT SCAN	1,015,128	894,799	1,909,927	-35,112	1,874,815	57.00
58.00	05800	MRI	567,605	266,275	833,880	60,120	894,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,510,929	12,689,801	16,200,730	-10,419,384	5,781,346	59.00
60.00	06000	LABORATORY	5,003,013	4,994,331	9,997,344	-640,857	9,356,487	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,594,810	1,594,810	0	1,594,810	63.00
65.00	06500	RESPIRATORY THERAPY	1,972,369	860,763	2,833,132	-727,819	2,105,313	65.00
66.00	06600	PHYSICAL THERAPY	2,551,956	668,783	3,220,739	-130,437	3,090,302	66.00
67.00	06700	OCCUPATIONAL THERAPY	363,777	73,535	437,312	-27,034	410,278	67.00
68.00	06800	SPEECH PATHOLOGY	254,082	46,557	300,639	-13,480	287,159	68.00
69.00	06900	ELECTROCARDIOLOGY	337,931	107,688	445,619	-72,505	373,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	527,097	519,318	1,046,415	-130,726	915,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-350,549	-350,549	15,871,876	15,521,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,095,288	20,095,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,837,683	32,837,683	242,820	33,080,503	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,126,384	1,443,014	3,569,398	-957,195	2,612,203	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	615,202	883,312	1,498,514	-817,948	680,566	76.01
76.97	07697	CARDIAC REHABILITATION	453,634	312,782	766,416	-113,217	653,199	76.97
76.99	07699	LITHOTRIPSY	0	9,100	9,100	0	9,100	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	771,626	2,422,756	3,194,382	-71,549	3,122,833	90.00
91.00	09100	EMERGENCY	6,702,836	5,620,233	12,323,069	-1,860,243	10,462,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	-99,007	99,007	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,157,533	241,078,823	333,236,356	-194,114	333,042,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,121	16,121	458,327	474,448	192.00
193.01	19301	CONVENT	0	10,657	10,657	0	10,657	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	-321,055	1,867,633	1,546,578	-264,213	1,282,365	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	91,836,478	242,973,234	334,809,712	0	334,809,712	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

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

Worksheet A

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,946,760	8,412,267	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,719,321	10,855,960	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	517,532	27,250,906	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-35,230,671	42,514,168	5.00
6.00	00600	MAINTENANCE & REPAIRS	-271,011	6,622,187	6.00
7.00	00700	OPERATION OF PLANT	0	3,889,989	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	972,155	8.00
9.00	00900	HOUSEKEEPING	0	2,973,800	9.00
10.00	01000	DIETARY	-8	945,101	10.00
11.00	01100	CAFETERIA	-593,512	1,417,796	11.00
13.00	01300	NURSING ADMINISTRATION	2,424,618	3,814,869	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	273,639	14.00
15.00	01500	PHARMACY	0	4,339,870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-695	960,725	16.00
17.00	01700	SOCIAL SERVICE	2,614,298	6,309,480	17.00
20.00	02000	NURSING SCHOOL	-5,674,388	-1,245,645	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	371,954	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-1,140	211,921	22.00
23.00	02300	MEDTECH SCHOOL	0	0	23.00
23.01	02301	PARAMED TRAINING	-83,414	488,950	23.01
23.02	02302	PHARMACY RESIDENCY	0	465,813	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,353,972	19,722,589	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,674,617	31.00
43.00	04300	NURSERY	0	535,072	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-90,346	8,510,749	50.00
51.00	05100	RECOVERY ROOM	0	1,108,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,030,324	52.00
53.00	05300	ANESTHESIOLOGY	-2,904,877	811,096	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-23,888	7,257,734	54.00
54.01	05401	ULTRASOUND	-20,749	1,620,194	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,633,311	5,049,118	55.00
56.00	05600	RADIOISOTOPE	-46,409	1,249,046	56.00
57.00	05700	CT SCAN	-54,756	1,820,059	57.00
58.00	05800	MRI	-18,776	875,224	58.00
59.00	05900	CARDIAC CATHETERIZATION	-192,500	5,588,846	59.00
60.00	06000	LABORATORY	-28,740	9,327,747	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,594,810	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,105,313	65.00
66.00	06600	PHYSICAL THERAPY	-228,887	2,861,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	410,278	67.00
68.00	06800	SPEECH PATHOLOGY	0	287,159	68.00
69.00	06900	ELECTROCARDIOLOGY	0	373,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-19,515	896,174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,521,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,095,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,080,503	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	-389,101	2,223,102	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	680,566	76.01
76.97	07697	CARDIAC REHABILITATION	-2,413	650,786	76.97
76.99	07699	LITHOTRIPSY	0	9,100	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,622,580	1,500,253	90.00
91.00	09100	EMERGENCY	-5,123,822	5,339,004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-49,386,952	283,655,290	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-252,542	221,906	192.00
193.01	19301	CONVENT	0	10,657	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	1,282,365	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-49,639,494	285,170,218	200.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
3/26/2021 12:19 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	250,541		1.00
	0		0	250,541		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	1,084,015	960,456		1.00
	0		1,084,015	960,456		
	C - NURSERY RECLASS					
1.00	NURSERY	43.00	454,602	80,470		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	875,372	154,952		2.00
	0		1,329,974	235,422		
	D - CFH - RRC IMAGING SERVICES					
1.00	ULTRASOUND	54.01	65,511	76,521		1.00
2.00	RADIOISOTOPE	56.00	146,530	171,157		2.00
3.00	CT SCAN	57.00	172,220	201,165		3.00
4.00	MRI	58.00	59,282	69,246		4.00
5.00	ELECTROCARDIOLOGY	69.00	1,878	2,194		5.00
	0		445,421	520,283		
	E - CENTRAL SUPPLY SALARIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	273,639	0		1.00
	TOTALS		273,639	0		
	F - PHYSICIAN CONTRACT COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,911		1.00
2.00	EMERGENCY	91.00	0	5,700		2.00
	TOTALS		0	22,611		
	G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	242,820		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	242,820		
	H - ROCK CUT RENT EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	77,532		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64,100		2.00
3.00	ULTRASOUND	54.01	0	37,656		3.00
4.00	RADIOISOTOPE	56.00	0	84,226		4.00
5.00	CT SCAN	57.00	0	98,993		5.00
6.00	MRI	58.00	0	34,076		6.00
7.00	LABORATORY	60.00	0	41,070		7.00
8.00	PHYSICAL THERAPY	66.00	0	99,481		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	458,327		9.00
	0		0	995,461		
	I - DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	303		1.00
2.00	OPERATION OF PLANT	7.00	0	2,233		2.00
3.00	HOUSEKEEPING	9.00	0	12,454		3.00
4.00	DIETARY	10.00	0	499		4.00
5.00	CAFETERIA	11.00	0	1,109		5.00
6.00	NURSING SCHOOL	20.00	0	1,126		6.00
7.00	PARAMED TRAINING	23.01	0	799		7.00
8.00	PHARMACY RESIDENCY	23.02	0	741		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	42,510		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	8,140		10.00
11.00	NURSERY	43.00	0	1,319		11.00
12.00	RECOVERY ROOM	51.00	0	11,339		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,540		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,027		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,558		15.00
16.00	CT SCAN	57.00	0	57		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	14,756		17.00
18.00	LABORATORY	60.00	0	4,353		18.00
19.00	RESPIRATORY THERAPY	65.00	0	10,596		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	159		20.00
21.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	700		21.00
22.00	EMERGENCY	91.00	0	11,094		22.00
23.00	MED TRANS / WELLNESS / FDN	193.02	0	15,161		23.00
	0		0	148,573		

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - IMPLANTABLE MEDICAL DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,095,288		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
	0		0	20,095,288		
	K - MEDICAL/SURGICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,871,876		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
	0		0	15,871,876		
	L - SALARY TRANSFERS					
1.00	LABORATORY	60.00	114,742	0		1.00
2.00	AMBULANCE SERVICES	95.00	100,101	0		2.00
3.00	MED TRANS / WELLNESS / FDN	193.02	577,442	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	564		4.00
	0		792,285	564		
	M - RECLASS MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,412,590		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	802,879		2.00
3.00	PHARMACY	15.00	0	438,550		3.00
4.00	SOCIAL SERVICE	17.00	0	3,056,966		4.00
5.00	PHYSICAL THERAPY	66.00	0	291,866		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	39,630		6.00
7.00	SPEECH PATHOLOGY	68.00	0	27,244		7.00
	0		0	7,069,725		
	N - RECLASS MAINT COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,883,993		1.00
2.00	LABORATORY	60.00	0	337,244		2.00
	0		0	3,221,237		
	O - RECLASS HOSPITALIST BENEFITS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,235		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	233,020		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	456,761		3.00
4.00	ADULTS & PEDIATRICS	30.00	760,361	0		4.00
	0		760,361	703,016		
	P - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,038,898		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

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
3/26/2021 12:19 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	19,038,898		
	Q - RECLASS SFI COSTS					
1.00		0.00	0	0		1.00
2.00	CLINIC	90.00	0	143,164		2.00
3.00	LABORATORY	60.00	0	151,349		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,298,736		4.00
	TOTALS		0	1,593,249		
	R - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	304,194	67,760		1.00
	TOTALS		304,194	67,760		
	S - VACATION AND RETIREMENTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	521,857		1.00
2.00	AMBULANCE SERVICES	95.00	563	0		2.00
3.00	MED TRANS / WELLNESS / FDN	193.02	1,824	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
	0		2,387	521,857		
	T - REWARDS AND RETIREMENTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,349	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	765	0		2.00
3.00	NURSING ADMINISTRATION	13.00	17,919	0		3.00
4.00	PARAMED TRAINING	23.01	111	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
3/26/2021 12:19 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	ADULTS & PEDIATRICS	30.00	765	0	5.00
6.00	OPERATING ROOM	50.00	765	0	6.00
7.00	RESPIRATORY THERAPY	65.00	765	0	7.00
8.00	SURGERY/CARDIAC AMB DAY CARE	75.01	3,058	0	8.00
	TOTALS		27,497	0	
500.00	Grand Total: Increases		5,019,773	71,559,637	500.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
3/26/2021 12:19 pm

	Decreases						3/26/2021 12:19 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	250,541	9		1.00
	0		0	250,541			
	B - CAFETERIA						
1.00	DIETARY	10.00	1,084,015	960,456	0		1.00
	0		1,084,015	960,456			
	C - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,329,974	235,422	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,329,974	235,422			
	D - CFH - RRC IMAGING SERVICES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	445,421	520,283	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		445,421	520,283			
	E - CENTRAL SUPPLY SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	273,639	0	0		1.00
	TOTALS		273,639	0			
	F - PHYSICIAN CONTRACT COST						
1.00	I&R SERVICES-OTHER PRGM.	22.00	0	16,911	0		1.00
	COSTS APPRVD						
2.00	PARAMED TRAINING	23.01	0	5,700	0		2.00
	TOTALS		0	22,611			
	G - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,833	0		1.00
2.00	OPERATING ROOM	50.00	0	195	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,133	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	77,030	0		4.00
5.00	RADIOISOTOPE	56.00	0	30,977	0		5.00
6.00	CT SCAN	57.00	0	67,915	0		6.00
7.00	MRI	58.00	0	1,339	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	4,219	0		8.00
9.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	3,548	0		9.00
10.00	GASTRO INTESTINAL SERVICES	76.01	0	631	0		10.00
	0		0	242,820			
	H - ROCK CUT RENT EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	995,461	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	0		0	995,461			
	I - DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	303	0	0		1.00
2.00	OPERATION OF PLANT	7.00	2,233	0	0		2.00
3.00	HOUSEKEEPING	9.00	12,454	0	0		3.00
4.00	DIETARY	10.00	499	0	0		4.00
5.00	CAFETERIA	11.00	1,109	0	0		5.00
6.00	NURSING SCHOOL	20.00	1,126	0	0		6.00
7.00	PARAMED TRAINING	23.01	799	0	0		7.00
8.00	PHARMACY RESIDENCY	23.02	741	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	42,510	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	8,140	0	0		10.00
11.00	NURSERY	43.00	1,319	0	0		11.00
12.00	RECOVERY ROOM	51.00	11,339	0	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	2,540	0	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	1,027	0	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	5,558	0	0		15.00
16.00	CT SCAN	57.00	57	0	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	14,756	0	0		17.00
18.00	LABORATORY	60.00	4,353	0	0		18.00
19.00	RESPIRATORY THERAPY	65.00	10,596	0	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	159	0	0		20.00
21.00	SURGERY/CARDIAC AMB DAY CARE	75.01	700	0	0		21.00
22.00	EMERGENCY	91.00	11,094	0	0		22.00
23.00	MED TRANS / WELLNESS / FDN	193.02	15,161	0	0		23.00
	0		148,573	0			

RECLASSIFICATIONS

Provider CCN: 14-0233

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

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	Decreases						3/26/2021 12:19 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	J - IMPLANTABLE MEDICAL DEVICES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,607	0		1.00
2.00	OPERATING ROOM	50.00	0	15,089,971	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	2,505	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	4,845,862	0		4.00
5.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	15,504	0		5.00
6.00	GASTRO INTESTINAL SERVICES	76.01	0	70,910	0		6.00
7.00	CLINIC	90.00	0	68,922	0		7.00
8.00	EMERGENCY	91.00	0	7	0		8.00
	0		0	20,095,288			
	K - MEDICAL/SURGICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	90,330	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	406,437	0		2.00
3.00	OPERATING ROOM	50.00	0	8,018,345	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,226	0		4.00
5.00	CT SCAN	57.00	0	207,076	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	4,871,936	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	337,326	0		7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	3,706	0		8.00
9.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	500,866	0		9.00
10.00	GASTRO INTESTINAL SERVICES	76.01	0	616,784	0		10.00
11.00	EMERGENCY	91.00	0	802,844	0		11.00
	0		0	15,871,876			
	L - SALARY TRANSFERS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	792,285	0		1.00
2.00	AMBULANCE SERVICES	95.00	0	564	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	792,849			
	M - RECLASS MINISTRY ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,069,725	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	7,069,725			
	N - RECLASS MAINT COSTS						
1.00	MAINTENANCE & REPAIRS	6.00	0	3,221,237	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	3,221,237			
	O - RECLASS HOSPITALIST BENEFITS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,463,377	9		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	1,463,377			
	P - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,257,919	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	440,817	0		2.00
3.00	OPERATION OF PLANT	7.00	0	279,215	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	53,019	0		4.00
5.00	HOUSEKEEPING	9.00	0	519,660	0		5.00
6.00	DIETARY	10.00	0	287,479	0		6.00
7.00	CAFETERIA	11.00	0	27,003	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	266,806	0		8.00
9.00	PHARMACY	15.00	0	386,435	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	161,780	0		10.00
11.00	SOCIAL SERVICE	17.00	0	71,012	0		11.00
12.00	NURSING SCHOOL	20.00	0	616,048	0		12.00
13.00	I&R SERVICES-OTHER PRGM.	22.00	0	54,822	0		13.00
	COSTS APPRVD						
14.00	PARAMED TRAINING	23.01	0	101,373	0		14.00
15.00	PHARMACY RESIDENCY	23.02	0	66,782	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	3,402,041	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	1,405,315	0		17.00
18.00	OPERATING ROOM	50.00	0	1,435,685	0		18.00
19.00	RECOVERY ROOM	51.00	0	164,492	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	648,638	0		20.00
21.00	ULTRASOUND	54.01	0	191,320	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	933,378	0		22.00
23.00	RADIOISOTOPE	56.00	0	47,884	0		23.00
24.00	CT SCAN	57.00	0	226,731	0		24.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	MRI	58.00	0	97,920	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	677,416	0		26.00
27.00	LABORATORY	60.00	0	1,256,833	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	379,285	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	507,283	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	60,891	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	39,280	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	74,657	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	127,731	0		33.00
34.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	425,194	0		34.00
35.00	GASTRO INTESTINAL SERVICES	76.01	0	126,127	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	110,639	0		36.00
37.00	CLINIC	90.00	0	141,406	0		37.00
38.00	EMERGENCY	91.00	0	1,025,003	0		38.00
39.00	AMBULANCE SERVICES	95.00	0	100,100	0		39.00
40.00	MED TRANS / WELLNESS / FDN	193.02	0	843,479	0		40.00
TOTALS			0	19,038,898			
Q - RECLASS SFI COSTS							
1.00		0.00	0	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,593,249	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			0	1,593,249			
R - RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	304,194	67,760	0		1.00
TOTALS			304,194	67,760			
S - VACATION AND RETIREMENTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	355	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	35,500	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	10,564	0	0		3.00
4.00	OPERATION OF PLANT	7.00	5,909	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	806	0	0		5.00
6.00	HOUSEKEEPING	9.00	11,811	0	0		6.00
7.00	DIETARY	10.00	2,774	0	0		7.00
8.00	CAFETERIA	11.00	6,160	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	7,033	0	0		9.00
10.00	PHARMACY	15.00	12,960	0	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	4,207	0	0		11.00
12.00	SOCIAL SERVICE	17.00	2,228	0	0		12.00
13.00	NURSING SCHOOL	20.00	17,853	0	0		13.00
14.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	1,729	0	0		14.00
15.00	PARAMED TRAINING	23.01	2,579	0	0		15.00
16.00	PHARMACY RESIDENCY	23.02	2,568	0	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	99,566	0	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	39,098	0	0		18.00
19.00	OPERATING ROOM	50.00	36,974	0	0		19.00
20.00	RECOVERY ROOM	51.00	5,337	0	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	17,085	0	0		21.00
22.00	ULTRASOUND	54.01	6,642	0	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	40,371	0	0		23.00
24.00	RADIOISOTOPE	56.00	1,996	0	0		24.00
25.00	CT SCAN	57.00	5,768	0	0		25.00
26.00	MRI	58.00	3,225	0	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	19,951	0	0		27.00
28.00	LABORATORY	60.00	28,429	0	0		28.00
29.00	RESPIRATORY THERAPY	65.00	11,208	0	0		29.00
30.00	PHYSICAL THERAPY	66.00	14,501	0	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	2,067	0	0		31.00
32.00	SPEECH PATHOLOGY	68.00	1,444	0	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	1,920	0	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	2,995	0	0		34.00
35.00	SURGERY/CARDIAC AMB DAY CARE	75.01	12,083	0	0		35.00
36.00	GASTRO INTESTINAL SERVICES	76.01	3,496	0	0		36.00
37.00	CARDIAC REHABILITATION	76.97	2,578	0	0		37.00
38.00	CLINIC	90.00	4,385	0	0		38.00
39.00	EMERGENCY	91.00	38,089	0	0		39.00
0			524,244	0			
T - REWARDS AND RETIREMENTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,349	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	765	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	17,919	0		3.00
4.00	PARAMED TRAINING	23.01	0	111	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
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Decreases						wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00			
5.00	ADULTS & PEDIATRICS	30.00	0	765	0			5.00
6.00	OPERATING ROOM	50.00	0	765	0			6.00
7.00	RESPIRATORY THERAPY	65.00	0	765	0			7.00
8.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	3,058	0			8.00
	TOTALS		0	27,497				
500.00	Grand Total: Decreases		4,110,060	72,469,350				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
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		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	4,152,456	90,009	0	90,009	68,191	1.00	
2.00	Land Improvements	2,334,601	406,676	0	406,676	0	2.00	
3.00	Buildings and Fixtures	220,159,539	3,668,993	0	3,668,993	184,369	3.00	
4.00	Building Improvements	254,040	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	112,158,269	6,143,010	0	6,143,010	31,574	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	339,058,905	10,308,688	0	10,308,688	284,134	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	339,058,905	10,308,688	0	10,308,688	284,134	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,174,274	0				1.00	
2.00	Land Improvements	2,741,277	0				2.00	
3.00	Buildings and Fixtures	223,644,163	0				3.00	
4.00	Building Improvements	254,040	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	118,269,705	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	349,083,459	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	349,083,459	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
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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	5,301,565	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,036,805	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,338,370	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	5,301,565				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,036,805				2.00
3.00	Total (sum of lines 1-2)	0	13,338,370				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	223,898,203	0	223,898,203	0.654352	163,942	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	118,269,705	0	118,269,705	0.345648	86,599	2.00
3.00	Total (sum of lines 1-2)	342,167,908	0	342,167,908	1.000000	250,541	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	163,942	8,248,325	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	86,599	10,769,361	0	2.00
3.00	Total (sum of lines 1-2)	0	0	250,541	19,017,686	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	163,942	0	0	8,412,267	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	86,599	0	0	10,855,960	2.00
3.00	Total (sum of lines 1-2)	0	250,541	0	0	19,268,227	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

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

Worksheet A-8

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,987,870			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	-10,596,279			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-593,512	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	-103	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-5,659,838	NURSING SCHOOL	20.00	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	-158,492	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,031,750	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	2,639,280	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	OTHER REVENUE OFFSETS - ADMIN	B	-51,642	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

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

Worksheet A-8

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			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		
33.01	OTHER REVENUE OFFSETS - EMPL BENEFIT	B	-1,329	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	OTHER REVENUE OFFSETS - TRAUMA CNTR	B	-39,858	EMERGENCY	91.00	0 33.02
33.03	OTHER REVENUE OFFSETS - MED RECORDS	B	-592	MEDICAL RECORDS & LIBRARY	16.00	0 33.03
33.04	OTHER REVENUE OFFSETS - OPER OF PLAN	B	-4,441	MAINTENANCE & REPAIRS	6.00	0 33.04
33.05	OTHER REVENUE OFFSET - CON	B	-13,605	NURSING SCHOOL	20.00	0 33.05
33.06	OTHER REVENUE OFFSETS - DIETARY	B	-8	DIETARY	10.00	0 33.06
33.07	OTHER REVENUE OFFSETS - PARAMED TRNG	B	-83,414	PARAMED TRAINING	23.01	0 33.07
33.08	OCCUP MED PORTION OF EE HEALTH SERVI	A	-70,795	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.08
33.09	OTHER REVENUE OFFSETS - CARDIAC REHA	B	-2,413	CARDIAC REHABILITATION	76.97	0 33.09
33.10	OTHER REVENUE OFFSETS - SURGERY	B	-15,848	OPERATING ROOM	50.00	0 33.10
33.11	NON-PATIENT RELATED PROPERTY TAXES	A	-16,622	MAINTENANCE & REPAIRS	6.00	0 33.11
33.13	OTHER REVENUE - RESIDENT EDUC	B	-1,140	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0 33.13
33.17	OTHER REVENUE OFFSETS - RADIOLOGY	B	-66,036	RADIOLOGY-THERAPEUTIC	55.00	0 33.17
33.19	PHYSICIAN EMPLOYEE BENEFIT OFFSET	A	-519,079	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.21	OTHER REVENUE OFFSETS - PT	B	-174,072	PHYSICAL THERAPY	66.00	0 33.21
33.23	OTHER REVENUE OFFSETS - SURGERY / AM	B	-11,010	SURGERY/CARDIAC AMB DAY CARE	75.01	0 33.23
33.24	UNEMPLOYMENT COMP	A	37,111	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.24
33.25	PENSION COSTS	A	1,071,624	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.25
33.26	MEDICAID PROVIDER TAX EXPENSE	A	-12,519,408	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.28	MARKETING AND ADVERTISING	A	-1,524	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.32	INTERCOMPANY INTEREST	A	-4,782,276	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.36	MARKETING AND ADVERTISING	A	-945	NURSING SCHOOL	20.00	0 33.36
33.37	MARKETING AND ADVERTISING	A	-210	CT SCAN	57.00	0 33.37
33.38	LOBBYING EXPENSES	A	-46,898	ADMINISTRATIVE & GENERAL	5.00	0 33.38
33.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.39
37.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 37.01
37.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 37.02
37.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 37.03
37.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 37.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-49,639,494			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: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
3/26/2021 12:19 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	915,010	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	3,541,707	3,461,666	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G MA	25,419,136	36,822,213	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EMPLOY	2,412,590	2,412,590	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED - ENGI	897,048	897,048	3.02
3.03	17.00	SOCIAL SERVICE	MINISTRY CHG - POOLED - CARE	3,056,966	3,056,966	3.03
3.04	31.00	INTENSIVE CARE UNIT	MINISTRY CHG - POOLED - EICU	245,414	245,414	3.04
3.05	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHG - POOLED - RADI	2,584,518	2,883,993	3.05
3.06	60.00	LABORATORY	MINISTRY CHG - POOLED - LAB	337,244	337,244	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED - PT	291,866	291,866	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED - OT	39,630	39,630	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED - ST	27,244	27,244	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED - E PH	1,714,621	1,714,621	3.10
3.11	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL -	2,439,233	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL -	6,566,469	11,184,518	3.12
3.13	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL -	2,614,298	0	3.13
4.00	60.00	LABORATORY	SYSTEMS LAB	765,384	765,384	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	SFI/PCI IMAGING	363,332	0	4.01
4.02	90.00	CLINIC	SFI PURCH SVC-EQUIP RENTAL-W	143,164	91,085	4.02
4.03	60.00	LABORATORY	SFI PURCH SVC-HTS-LAB	145,239	151,349	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH SVC-HTS-RADIOLOGY	1,246,311	1,298,736	4.04
4.05	6.00	MAINTENANCE & REPAIRS	SFI PURCH SVC-HTS-PLANT OPS	571,144	595,169	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	SFI BUILDING RENTS-ROCK CUT	34,811	77,532	4.06
4.07	6.00	MAINTENANCE & REPAIRS	SFI BUILDING RENTS-ROCK CUT	184,094	410,017	4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SFI BUILDING RENTS-ROCK CUT	28,780	64,100	4.08
4.09	54.01	ULTRASOUND	SFI BUILDING RENTS-ROCK CUT	16,907	37,656	4.09
4.10	56.00	RADIOISOTOPE	SFI BUILDING RENTS-ROCK CUT	37,817	84,226	4.10
4.11	57.00	CT SCAN	SFI BUILDING RENTS-ROCK CUT	44,447	98,993	4.11
4.12	58.00	MRI	SFI BUILDING RENTS-ROCK CUT	15,300	34,076	4.12
4.13	60.00	LABORATORY	SFI BUILDING RENTS-ROCK CUT	18,440	41,070	4.13
4.14	66.00	PHYSICAL THERAPY	SFI BUILDING RENTS-ROCK CUT	44,666	99,481	4.14
4.15	192.00	PHYSICIANS' PRIVATE OFFICES	SFI BUILDING RENTS-ROCK CUT	205,785	458,327	4.15
4.16	90.00	CLINIC	SFI BUILDING RENTS-STATE & R	138,717	75,727	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	SFI BUILDING RENTS-STATE & R	118,432	64,653	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	SFI-CREDENTIALING	131,586	131,035	4.18
4.19	31.00	INTENSIVE CARE UNIT	ST GABRIEL EICU	841,988	841,988	4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			58,199,338	68,795,617	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	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	B				100.00

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

Provider CCN: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
3/26/2021 12:19 pm

	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: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
3/26/2021 12:19 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	915,010	9		1.00
2.00	80,041	9		2.00
3.00	-11,403,077	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	-299,475	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
3.10	0	0		3.10
3.11	2,439,233	0		3.11
3.12	-4,618,049	0		3.12
3.13	2,614,298	0		3.13
4.00	0	0		4.00
4.01	363,332	0		4.01
4.02	52,079	0		4.02
4.03	-6,110	0		4.03
4.04	-52,425	0		4.04
4.05	-24,025	0		4.05
4.06	-42,721	0		4.06
4.07	-225,923	0		4.07
4.08	-35,320	0		4.08
4.09	-20,749	0		4.09
4.10	-46,409	0		4.10
4.11	-54,546	0		4.11
4.12	-18,776	0		4.12
4.13	-22,630	0		4.13
4.14	-54,815	0		4.14
4.15	-252,542	0		4.15
4.16	62,990	0		4.16
4.17	53,779	0		4.17
4.18	551	0		4.18
4.19	0	0		4.19
5.00	-10,596,279			5.00

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

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
3/26/2021 12:19 pm

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

(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: 14-0233

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

Worksheet A-8-2

Date/Time Prepared:
3/26/2021 12:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,660,914	1,660,914	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	14,615	14,615	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	4,353,972	4,353,972	0	0	0	3.00
4.00	50.00	OPERATING ROOM	74,498	74,498	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,904,877	2,904,877	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	3,567,275	3,567,275	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	192,500	192,500	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	19,515	19,515	0	0	0	8.00
9.00	75.01	SURGERY/CARDIAC AMB DAY CARE	378,091	378,091	0	0	0	9.00
10.00	90.00	CLINIC	1,737,649	1,737,649	0	0	0	10.00
11.00	91.00	EMERGENCY	5,083,964	5,083,964	0	0	0	11.00
200.00			19,987,870	19,987,870	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
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	1,660,914		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	14,615		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,353,972		3.00
4.00	50.00	OPERATING ROOM	0	0	0	74,498		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,904,877		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,567,275		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	192,500		7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	19,515		8.00
9.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	0	0	378,091		9.00
10.00	90.00	CLINIC	0	0	0	1,737,649		10.00
11.00	91.00	EMERGENCY	0	0	0	5,083,964		11.00
200.00			0	0	0	19,987,870		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,412,267	8,412,267			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,855,960		10,855,960		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,250,906	68,563	365	27,319,834	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,514,168	578,695	4,798,222	1,877,650	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,622,187	2,031,493	15,976	584,426	6.00
7.00	00700	OPERATION OF PLANT	3,889,989	64,804	184,029	326,190	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	972,155	2,472	0	44,592	8.00
9.00	00900	HOUSEKEEPING	2,973,800	75,367	12,275	649,480	9.00
10.00	01000	DIETARY	945,101	76,161	21,239	153,344	10.00
11.00	01100	CAFETERIA	1,417,796	66,392	7,800	340,442	11.00
13.00	01300	NURSING ADMINISTRATION	3,814,869	25,276	181,084	390,150	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	273,639	8,693	4,802	86,518	14.00
15.00	01500	PHARMACY	4,339,870	50,402	80,655	717,023	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	960,725	24,583	317	232,775	16.00
17.00	01700	SOCIAL SERVICE	6,309,480	23,769	0	123,245	17.00
20.00	02000	NURSING SCHOOL	-1,245,645	133,890	185,479	987,341	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	371,954	0	0	96,179	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	211,921	935	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	488,950	91,558	35,452	142,453	23.01
23.02	02302	PHARMACY RESIDENCY	465,813	1,518	0	141,862	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,722,589	1,248,597	753,703	5,149,819	30.00
31.00	03100	INTENSIVE CARE UNIT	9,674,617	234,925	53,075	2,160,525	31.00
43.00	04300	NURSERY	535,072	28,422	2,430	143,318	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,510,749	472,956	1,082,102	2,042,048	50.00
51.00	05100	RECOVERY ROOM	1,108,778	102,905	12,690	291,679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,030,324	55,407	4,681	275,969	52.00
53.00	05300	ANESTHESIOLOGY	811,096	7,055	131,465	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,257,734	78,915	434,760	804,055	54.00
54.01	05401	ULTRASOUND	1,620,194	71,860	183,932	388,182	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,049,118	307,921	149,538	1,103,890	55.00
56.00	05600	RADIOISOTOPE	1,249,046	115,448	139,878	156,738	56.00
57.00	05700	CT SCAN	1,820,059	138,352	353,672	373,570	57.00
58.00	05800	MRI	875,224	89,799	291,297	197,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,588,846	92,292	999,065	1,099,102	59.00
60.00	06000	LABORATORY	9,327,747	149,860	223,454	1,607,752	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,594,810	0	4,689	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,105,313	72,352	134,047	616,966	65.00
66.00	06600	PHYSICAL THERAPY	2,861,415	243,378	3,892	802,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	410,278	17,156	0	114,364	67.00
68.00	06800	SPEECH PATHOLOGY	287,159	3,015	585	79,878	68.00
69.00	06900	ELECTROCARDIOLOGY	373,114	11,045	21,947	106,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	896,174	74,262	31,653	165,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,521,327	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,095,288	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,080,503	2,492	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,223,102	70,503	42,448	669,239	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	680,566	50,191	139,417	193,407	76.01
76.97	07697	CARDIAC REHABILITATION	650,786	4,603	2,974	142,614	76.97
76.99	07699	LITHOTRIPSY	9,100	2,302	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,500,253	70,724	2,840	239,838	90.00
91.00	09100	EMERGENCY	5,339,004	198,413	69,486	1,424,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	283,655,290	7,339,721	10,797,415	27,242,987	282,447,352
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	221,906	964,807	23,145	0	192.00
193.01	19301	CONVENT	10,657	3,618	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	1,282,365	104,121	35,400	76,847	193.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
202.00	TOTAL (sum lines 118 through 201)	285,170,218	8,412,267	10,855,960	27,319,834	285,170,218	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,768,735					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,956,507	11,210,589				6.00
7.00	00700	OPERATION OF PLANT	943,997	126,710	5,535,719			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	215,484	4,834	2,414	1,241,951		8.00
9.00	00900	HOUSEKEEPING	784,567	147,363	73,599	0	4,716,451	9.00
10.00	01000	DIETARY	252,827	148,916	74,374	0	45,387	10.00
11.00	01100	CAFETERIA	387,414	129,815	64,835	0	77,822	11.00
13.00	01300	NURSING ADMINISTRATION	932,658	49,422	24,683	0	21,846	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	78,998	16,998	8,490	0	7,514	14.00
15.00	01500	PHARMACY	1,096,842	98,550	49,220	0	43,562	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	257,595	48,066	24,066	0	21,247	16.00
17.00	01700	SOCIAL SERVICE	1,365,038	46,475	23,211	0	20,543	17.00
20.00	02000	NURSING SCHOOL	12,910	261,791	130,749	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	98,973	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	45,002	1,828	913	0	808	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	160,344	179,021	89,410	0	79,133	23.01
23.02	02302	PHARMACY RESIDENCY	128,796	2,967	1,482	0	1,312	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,681,878	2,441,350	1,219,302	419,886	1,079,163	30.00
31.00	03100	INTENSIVE CARE UNIT	2,563,087	459,343	229,414	95,770	203,045	31.00
43.00	04300	NURSERY	149,949	55,573	27,755	8,196	24,565	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,559,855	924,759	461,860	185,521	408,774	50.00
51.00	05100	RECOVERY ROOM	320,525	201,207	100,491	29,596	88,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,882	108,336	54,107	15,782	47,888	52.00
53.00	05300	ANESTHESIOLOGY	200,769	13,795	6,890	0	6,098	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,813,033	154,300	77,063	20,890	68,206	54.00
54.01	05401	ULTRASOUND	478,693	140,505	70,174	8,518	62,108	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,397,592	602,069	300,697	49,072	266,135	55.00
56.00	05600	RADIOISOTOPE	351,194	225,732	112,739	4,601	99,781	56.00
57.00	05700	CT SCAN	567,803	270,516	135,106	29,261	119,577	57.00
58.00	05800	MRI	307,302	175,582	87,693	10,938	77,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,644,708	180,456	90,127	36,405	79,767	59.00
60.00	06000	LABORATORY	2,390,921	293,017	146,344	0	129,523	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338,168	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	619,184	141,468	70,655	0	62,534	65.00
66.00	06600	PHYSICAL THERAPY	826,861	475,870	237,668	0	210,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	114,547	33,544	16,753	0	14,828	67.00
68.00	06800	SPEECH PATHOLOGY	78,360	5,895	2,944	0	2,606	68.00
69.00	06900	ELECTROCARDIOLOGY	108,435	21,597	10,786	5,222	9,546	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	246,897	145,202	72,519	0	64,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,281,534	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,248,566	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,994,360	4,873	2,434	0	2,154	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	635,382	137,852	68,849	101,212	60,935	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	224,863	98,137	49,014	13,274	43,380	76.01
76.97	07697	CARDIAC REHABILITATION	169,343	9,000	4,495	0	3,978	76.97
76.99	07699	LITHOTRIPSY	2,411	4,500	2,248	0	1,989	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	383,445	138,284	69,065	0	61,126	90.00
91.00	09100	EMERGENCY	1,486,565	387,951	193,758	207,807	171,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,193,064	9,113,469	4,488,336	1,241,951	3,789,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	255,789	1,886,461	942,172	0	833,879	192.00
193.01	19301	CONVENT	3,018	7,074	3,533	0	3,127	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	316,864	203,585	101,678	0	89,991	193.02
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)	49,768,735	11,210,589	5,535,719	1,241,951	4,716,451	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,717,349					10.00
11.00	01100	CAFETERIA	0	2,492,316				11.00
13.00	01300	NURSING ADMINISTRATION	0	30,916	5,470,904			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,924	0	505,576		14.00
15.00	01500	PHARMACY	0	62,978	213,377	744	6,753,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,435	0	269	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,054	48,301	0	0	17.00
20.00	02000	NURSING SCHOOL	0	81,299	0	238	56	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,512	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	29	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	0	15,115	0	465	28	23.01
23.02	02302	PHARMACY RESIDENCY	0	10,763	39,716	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,399,509	640,310	2,374,012	22,147	5,156	30.00
31.00	03100	INTENSIVE CARE UNIT	171,492	233,819	867,388	8,410	1,868	31.00
43.00	04300	NURSERY	18,173	14,199	52,575	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	581	238,170	883,109	6,764	41	50.00
51.00	05100	RECOVERY ROOM	0	24,504	91,009	482	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,996	27,252	101,239	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,587	15,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,695	0	4,958	11,606	54.00
54.01	05401	ULTRASOUND	0	32,519	0	2,270	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38,317	112,902	418,508	10,262	16,116	55.00
56.00	05600	RADIOISOTOPE	0	11,451	0	6,275	6,481	56.00
57.00	05700	CT SCAN	0	38,703	0	0	14,209	57.00
58.00	05800	MRI	0	15,573	0	1,831	280	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,594	85,192	0	1,034	883	59.00
60.00	06000	LABORATORY	0	197,636	0	6,458	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	70,306	0	295	836	65.00
66.00	06600	PHYSICAL THERAPY	0	71,451	0	218	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,160	0	72	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,557	0	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,344	0	317	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,550	0	1,024	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	185,526	21	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	235,519	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	524	6,678,371	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	12,528	64,810	240,050	386	742	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	17,176	63,678	329	132	76.01
76.97	07697	CARDIAC REHABILITATION	0	14,428	0	101	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	21,069	77,942	1,858	0	90.00
91.00	09100	EMERGENCY	19,159	149,315	0	1,121	612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,717,349	2,492,087	5,470,904	505,516	6,752,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	229	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	16	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	44	452	193.02
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)	1,717,349	2,492,316	5,470,904	505,576	6,753,223	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	
		16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,603,018				16.00
17.00	01700	SOCIAL SERVICE	0	7,973,116			17.00
20.00	02000	NURSING SCHOOL	0	0	548,108		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	580,618		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		261,436	22.00
23.00	02300	MEDTECH SCHOOL	0	0			23.00
23.01	02301	PARAMED TRAINING	0	0			23.01
23.02	02302	PHARMACY RESIDENCY	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	127,663	6,306,346	324,462	142,491	30.00
31.00	03100	INTENSIVE CARE UNIT	79,495	1,534,279	133,924	26,810	31.00
43.00	04300	NURSERY	2,368	132,491	2,675	3,244	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	96,106	0	12,103	53,975	50.00
51.00	05100	RECOVERY ROOM	8,755	0	0	11,744	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,584	0	5,131	6,323	52.00
53.00	05300	ANESTHESIOLOGY	32,417	0	0	805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,825	0	0	9,006	54.00
54.01	05401	ULTRASOUND	57,944	0	0	8,201	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	69,739	0	2,105	35,141	55.00
56.00	05600	RADIOISOTOPE	26,831	0	0	13,175	56.00
57.00	05700	CT SCAN	112,691	0	0	15,789	57.00
58.00	05800	MRI	27,105	0	0	10,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,226	0	9,209	10,533	59.00
60.00	06000	LABORATORY	215,638	0	0	17,102	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,994	0	0	9,994	63.00
65.00	06500	RESPIRATORY THERAPY	27,782	0	0	8,257	65.00
66.00	06600	PHYSICAL THERAPY	17,174	0	0	27,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,870	0	0	1,958	67.00
68.00	06800	SPEECH PATHOLOGY	1,892	0	0	344	68.00
69.00	06900	ELECTROCARDIOLOGY	11,920	0	0	1,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,237	0	0	8,475	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	89,540	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,561	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,689	0	0	284	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	9,965	0	8,507	8,046	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	11,512	0	5,788	5,728	76.01
76.97	07697	CARDIAC REHABILITATION	1,455	0	5,175	525	76.97
76.99	07699	LITHOTRIPSY	145	0	0	263	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,332	0	14,910	8,071	90.00
91.00	09100	EMERGENCY	99,563	0	24,119	22,643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,603,018	7,973,116	548,108	458,217	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	110,106	192.00
193.01	19301	CONVENT	0	0	0	413	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	11,882	193.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,603,018	7,973,116	548,108	580,618	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			MEDTECH SCHOOL	PARAMED TRAINING	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	MEDTECH SCHOOL	0					23.00
23.01	02301	PARAMED TRAINING		1,281,929				23.01
23.02	02302	PHARMACY RESIDENCY			794,229			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	543,723	49,650,625	-191,010	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	81,963	18,813,249	-26,810	31.00
43.00	04300	NURSERY	0	0	0	1,201,005	-3,244	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	91,198	18,069,720	-93,024	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,393,305	-11,744	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,060,901	-6,323	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,235,782	-5,277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	10,860,545	-11,505	54.00
54.01	05401	ULTRASOUND	0	0	0	3,125,100	-8,201	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,929,122	-35,141	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,519,370	-13,175	56.00
57.00	05700	CT SCAN	0	0	0	3,989,308	-15,789	57.00
58.00	05800	MRI	0	0	0	2,167,673	-10,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,016,439	-10,533	59.00
60.00	06000	LABORATORY	0	0	0	14,707,951	-19,601	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,947,661	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,929,995	-8,257	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,778,337	-27,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	735,530	-1,958	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	470,238	-344	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	697,316	-1,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,735,886	-8,475	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,077,948	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,705,934	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,960,684	-284	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	0	4,354,556	-8,046	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	1,596,592	-5,728	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,009,477	-525	76.97
76.99	07699	LITHOTRIPSY	0	0	0	22,958	-263	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,607,318	-20,632	90.00
91.00	09100	EMERGENCY	0	1,281,929	77,345	11,220,311	-88,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,281,929	794,229	277,590,836	-633,450	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,324,697	-196,309	192.00
193.01	19301	CONVENT	0	0	0	31,456	-413	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	2,223,229	-11,882	193.02
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)	0	1,281,929	794,229	285,170,218	-842,054	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300	MEDTECH SCHOOL		23.00
23.01	02301	PARAMED TRAINING		23.01
23.02	02302	PHARMACY RESIDENCY		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	49,459,615	30.00
31.00	03100	INTENSIVE CARE UNIT	18,786,439	31.00
43.00	04300	NURSERY	1,197,761	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	17,976,696	50.00
51.00	05100	RECOVERY ROOM	2,381,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,054,578	52.00
53.00	05300	ANESTHESIOLOGY	1,230,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,849,040	54.00
54.01	05401	ULTRASOUND	3,116,899	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,893,981	55.00
56.00	05600	RADIOISOTOPE	2,506,195	56.00
57.00	05700	CT SCAN	3,973,519	57.00
58.00	05800	MRI	2,157,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,005,906	59.00
60.00	06000	LABORATORY	14,688,350	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,947,661	63.00
65.00	06500	RESPIRATORY THERAPY	3,921,738	65.00
66.00	06600	PHYSICAL THERAPY	5,750,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	733,572	67.00
68.00	06800	SPEECH PATHOLOGY	469,894	68.00
69.00	06900	ELECTROCARDIOLOGY	696,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,727,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,077,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,705,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,960,400	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	4,346,510	75.01
76.00	03950	DIABETIC SERVICE	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,590,864	76.01
76.97	07697	CARDIAC REHABILITATION	1,008,952	76.97
76.99	07699	LITHOTRIPSY	22,695	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2,586,686	90.00
91.00	09100	EMERGENCY	11,132,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	276,957,386	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,128,388	192.00
193.01	19301	CONVENT	31,043	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	2,211,347	193.02
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	284,328,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	68,563	365	68,928	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	650,530	578,695	4,798,222	6,027,447	5.00
6.00	00600	MAINTENANCE & REPAIRS	304,881	2,031,493	15,976	2,352,350	6.00
7.00	00700	OPERATION OF PLANT	101,270	64,804	184,029	350,103	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,472	0	2,472	8.00
9.00	00900	HOUSEKEEPING	0	75,367	12,275	87,642	9.00
10.00	01000	DIETARY	0	76,161	21,239	97,400	10.00
11.00	01100	CAFETERIA	0	66,392	7,800	74,192	11.00
13.00	01300	NURSING ADMINISTRATION	0	25,276	181,084	206,360	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,693	4,802	13,495	14.00
15.00	01500	PHARMACY	193,557	50,402	80,655	324,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,583	317	24,900	16.00
17.00	01700	SOCIAL SERVICE	0	23,769	0	23,769	17.00
20.00	02000	NURSING SCHOOL	913,971	133,890	185,479	1,233,340	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	935	0	935	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	26,987	91,558	35,452	153,997	23.01
23.02	02302	PHARMACY RESIDENCY	0	1,518	0	1,518	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,248,597	753,703	2,002,300	30.00
31.00	03100	INTENSIVE CARE UNIT	0	234,925	53,075	288,000	31.00
43.00	04300	NURSERY	0	28,422	2,430	30,852	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	411,593	472,956	1,082,102	1,966,651	50.00
51.00	05100	RECOVERY ROOM	0	102,905	12,690	115,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	55,407	4,681	60,088	52.00
53.00	05300	ANESTHESIOLOGY	0	7,055	131,465	138,520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	387,549	78,915	434,760	901,224	54.00
54.01	05401	ULTRASOUND	32,707	71,860	183,932	288,499	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	307,921	149,538	457,459	55.00
56.00	05600	RADIOISOTOPE	37,817	115,448	139,878	293,143	56.00
57.00	05700	CT SCAN	328,112	138,352	353,672	820,136	57.00
58.00	05800	MRI	15,300	89,799	291,297	396,396	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	92,292	999,065	1,091,357	59.00
60.00	06000	LABORATORY	212,892	149,860	223,454	586,206	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,689	4,689	63.00
65.00	06500	RESPIRATORY THERAPY	89,176	72,352	134,047	295,575	65.00
66.00	06600	PHYSICAL THERAPY	76,372	243,378	3,892	323,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,156	0	17,156	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,015	585	3,600	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,045	21,947	32,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,727	74,262	31,653	208,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	306,118	0	0	306,118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,492	0	2,492	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	70,503	42,448	112,951	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	50,191	139,417	189,608	76.01
76.97	07697	CARDIAC REHABILITATION	93,391	4,603	2,974	100,968	76.97
76.99	07699	LITHOTRIPSY	0	2,302	0	2,302	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	138,717	70,724	2,840	212,281	90.00
91.00	09100	EMERGENCY	115,069	198,413	69,486	382,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,538,736	7,339,721	10,797,415	22,675,872	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	205,785	964,807	23,145	1,193,737	192.00
193.01	19301	CONVENT	0	3,618	0	3,618	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	161	104,121	35,400	139,682	193.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,744,682	8,412,267	10,855,960	24,012,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,032,186					5.00
6.00	00600	MAINTENANCE & REPAIRS	237,136	2,590,961				6.00
7.00	00700	OPERATION OF PLANT	114,416	29,285	494,627			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,117	1,117	216	30,035		8.00
9.00	00900	HOUSEKEEPING	95,092	34,058	6,576	0	225,007	9.00
10.00	01000	DIETARY	30,644	34,417	6,645	0	2,165	10.00
11.00	01100	CAFETERIA	46,956	30,002	5,793	0	3,713	11.00
13.00	01300	NURSING ADMINISTRATION	113,042	11,422	2,206	0	1,042	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,575	3,929	759	0	358	14.00
15.00	01500	PHARMACY	132,941	22,777	4,398	0	2,078	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,222	11,109	2,145	0	1,014	16.00
17.00	01700	SOCIAL SERVICE	165,448	10,741	2,074	0	980	17.00
20.00	02000	NURSING SCHOOL	1,565	60,504	11,683	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,996	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	5,454	422	82	0	39	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	19,434	41,375	7,989	0	3,775	23.01
23.02	02302	PHARMACY RESIDENCY	15,611	686	132	0	63	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	688,664	564,240	108,945	10,153	51,484	30.00
31.00	03100	INTENSIVE CARE UNIT	310,656	106,162	20,499	2,316	9,687	31.00
43.00	04300	NURSERY	18,174	12,844	2,480	198	1,172	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	310,264	213,728	41,268	4,487	19,501	50.00
51.00	05100	RECOVERY ROOM	38,849	46,502	8,979	716	4,243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,014	25,038	4,835	382	2,285	52.00
53.00	05300	ANESTHESIOLOGY	24,334	3,188	616	0	291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	219,746	35,661	6,886	505	3,254	54.00
54.01	05401	ULTRASOUND	58,019	32,473	6,270	206	2,963	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	169,393	139,149	26,868	1,187	12,696	55.00
56.00	05600	RADIOISOTOPE	42,566	52,170	10,073	111	4,760	56.00
57.00	05700	CT SCAN	68,820	62,521	12,072	708	5,705	57.00
58.00	05800	MRI	37,246	40,580	7,835	265	3,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,345	41,706	8,053	880	3,805	59.00
60.00	06000	LABORATORY	289,788	67,721	13,076	0	6,179	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,987	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	75,047	32,696	6,313	0	2,983	65.00
66.00	06600	PHYSICAL THERAPY	100,219	109,982	21,236	0	10,035	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,884	7,753	1,497	0	707	67.00
68.00	06800	SPEECH PATHOLOGY	9,498	1,363	263	0	124	68.00
69.00	06900	ELECTROCARDIOLOGY	13,143	4,991	964	126	455	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,925	33,559	6,480	0	3,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	397,734	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	514,942	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	847,772	1,126	217	0	103	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	77,011	31,860	6,152	2,448	2,907	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,254	22,681	4,379	321	2,070	76.01
76.97	07697	CARDIAC REHABILITATION	20,525	2,080	402	0	190	76.97
76.99	07699	LITHOTRIPSY	292	1,040	201	0	95	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,475	31,960	6,171	0	2,916	90.00
91.00	09100	EMERGENCY	180,177	89,662	17,313	5,026	8,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,962,412	2,106,280	401,041	30,035	180,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,003	435,994	84,185	0	39,782	192.00
193.01	19301	CONVENT	366	1,635	316	0	149	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	38,405	47,052	9,085	0	4,293	193.02
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)	6,032,186	2,590,961	494,627	30,035	225,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	171,658					10.00
11.00	01100	CAFETERIA	0	161,515				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,004	337,061			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,291	0	29,625		14.00
15.00	01500	PHARMACY	0	4,081	13,146	44	505,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,167	0	16	0	16.00
17.00	01700	SOCIAL SERVICE	0	846	2,976	0	0	17.00
20.00	02000	NURSING SCHOOL	0	5,269	0	14	4	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	876	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	2	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	0	980	0	27	2	23.01
23.02	02302	PHARMACY RESIDENCY	0	698	2,447	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	139,888	41,494	146,263	1,298	386	30.00
31.00	03100	INTENSIVE CARE UNIT	17,142	15,153	53,440	493	140	31.00
43.00	04300	NURSERY	1,817	920	3,239	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58	15,435	54,408	396	3	50.00
51.00	05100	RECOVERY ROOM	0	1,588	5,607	28	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,498	1,766	6,237	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	327	1,149	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,165	0	291	869	54.00
54.01	05401	ULTRASOUND	0	2,107	0	133	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,830	7,317	25,784	601	1,207	55.00
56.00	05600	RADIOISOTOPE	0	742	0	368	486	56.00
57.00	05700	CT SCAN	0	2,508	0	0	1,064	57.00
58.00	05800	MRI	0	1,009	0	107	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,258	5,521	0	61	66	59.00
60.00	06000	LABORATORY	0	12,808	0	378	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,556	0	17	63	65.00
66.00	06600	PHYSICAL THERAPY	0	4,630	0	13	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	594	0	4	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	490	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	994	0	19	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,202	0	60	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,872	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,798	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31	500,281	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,252	4,200	14,789	23	56	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	1,113	3,923	19	10	76.01
76.97	07697	CARDIAC REHABILITATION	0	935	0	6	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,365	4,802	109	0	90.00
91.00	09100	EMERGENCY	1,915	9,676	0	66	46	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	171,658	161,500	337,061	29,621	505,855	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	1	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	3	34	193.02
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)	171,658	161,515	337,061	29,625	505,889	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	
		16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	73,161				16.00
17.00	01700	SOCIAL SERVICE	0	207,145			17.00
20.00	02000	NURSING SCHOOL	0	0	401,779		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		13,115	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			22.00
23.00	02300	MEDTECH SCHOOL	0	0			23.00
23.01	02301	PARAMED TRAINING	0	0			23.01
23.02	02302	PHARMACY RESIDENCY	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,803	163,842			30.00
31.00	03100	INTENSIVE CARE UNIT	3,613	39,861			31.00
43.00	04300	NURSERY	108	3,442			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,368	0			50.00
51.00	05100	RECOVERY ROOM	398	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	208	0			52.00
53.00	05300	ANESTHESIOLOGY	1,473	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,992	0			54.00
54.01	05401	ULTRASOUND	2,634	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,170	0			55.00
56.00	05600	RADIOISOTOPE	1,220	0			56.00
57.00	05700	CT SCAN	5,122	0			57.00
58.00	05800	MRI	1,232	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	3,465	0			59.00
60.00	06000	LABORATORY	10,099	0			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	454	0			63.00
65.00	06500	RESPIRATORY THERAPY	1,263	0			65.00
66.00	06600	PHYSICAL THERAPY	781	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	130	0			67.00
68.00	06800	SPEECH PATHOLOGY	86	0			68.00
69.00	06900	ELECTROCARDIOLOGY	542	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,070	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,753	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,849	0			73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	453	0			75.01
76.00	03950	DIABETIC SERVICE	0	0			76.00
76.01	03340	GASTRO INTESTINAL SERVICES	523	0			76.01
76.97	07697	CARDIAC REHABILITATION	66	0			76.97
76.99	07699	LITHOTRIPSY	7	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	242	0			90.00
91.00	09100	EMERGENCY	4,526	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,161	207,145	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.01	19301	CONVENT	0	0			193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0			193.02
200.00		Cross Foot Adjustments			401,779	13,115	200.00
201.00		Negative Cost Centers	0	0	913,092	0	201.00
202.00		TOTAL (sum lines 118 through 201)	73,161	207,145	1,314,871	13,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			MEDTECH SCHOOL	PARAMED TRAINING	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	MEDTECH SCHOOL	0					23.00
23.01	02301	PARAMED TRAINING		227,939				23.01
23.02	02302	PHARMACY RESIDENCY			21,513			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				3,937,730	0	30.00
31.00	03100	INTENSIVE CARE UNIT				872,615	0	31.00
43.00	04300	NURSERY				75,608	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,635,721	0	50.00
51.00	05100	RECOVERY ROOM				223,241	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				140,048	0	52.00
53.00	05300	ANESTHESIOLOGY				169,898	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,177,622	0	54.00
54.01	05401	ULTRASOUND				394,284	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC				851,447	0	55.00
56.00	05600	RADIOISOTOPE				406,035	0	56.00
57.00	05700	CT SCAN				979,599	0	57.00
58.00	05800	MRI				488,892	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,359,291	0	59.00
60.00	06000	LABORATORY				990,313	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				46,130	0	63.00
65.00	06500	RESPIRATORY THERAPY				420,070	0	65.00
66.00	06600	PHYSICAL THERAPY				572,563	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				42,014	0	67.00
68.00	06800	SPEECH PATHOLOGY				15,626	0	68.00
69.00	06900	ELECTROCARDIOLOGY				54,496	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				283,859	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				718,796	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				534,493	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,360,871	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE				255,791	0	75.01
76.00	03950	DIABETIC SERVICE				0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				252,389	0	76.01
76.97	07697	CARDIAC REHABILITATION				125,532	0	76.97
76.99	07699	LITHOTRIPSY				3,937	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				306,926	0	90.00
91.00	09100	EMERGENCY				703,151	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,398,988	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,784,716	0	192.00
193.01	19301	CONVENT				6,085	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN				238,748	0	193.02
200.00		Cross Foot Adjustments	0	227,939	21,513	671,280	0	200.00
201.00		Negative Cost Centers	0	0	0	913,092	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	227,939	21,513	24,012,909	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
23.00	02300	MEDTECH SCHOOL	23.00
23.01	02301	PARAMED TRAINING	23.01
23.02	02302	PHARMACY RESIDENCY	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	75.01
76.00	03950	DIABETIC SERVICE	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.99	07699	LITHOTRIPS	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.01	19301	CONVENT	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	193.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	837,018					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,756,124				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,822	362	86,406,814			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,580	4,754,096	5,938,603	-49,768,735	235,401,483	5.00
6.00	00600	MAINTENANCE & REPAIRS	202,133	15,829	1,848,413	0	9,254,082	6.00
7.00	00700	OPERATION OF PLANT	6,448	182,337	1,031,670	0	4,465,012	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	246	0	141,036	0	1,019,219	8.00
9.00	00900	HOUSEKEEPING	7,499	12,162	2,054,165	0	3,710,922	9.00
10.00	01000	DIETARY	7,578	21,044	484,993	0	1,195,845	10.00
11.00	01100	CAFETERIA	6,606	7,728	1,076,746	0	1,832,430	11.00
13.00	01300	NURSING ADMINISTRATION	2,515	179,419	1,233,961	0	4,411,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	865	4,758	273,639	0	373,652	14.00
15.00	01500	PHARMACY	5,015	79,913	2,267,789	0	5,187,950	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,446	314	736,218	0	1,218,400	16.00
17.00	01700	SOCIAL SERVICE	2,365	0	389,797	0	6,456,494	17.00
20.00	02000	NURSING SCHOOL	13,322	183,773	3,122,748	0	61,065	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	304,194	0	468,133	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	93	0	0	0	212,856	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	9,110	35,126	450,547	0	758,413	23.01
23.02	02302	PHARMACY RESIDENCY	151	0	448,679	0	609,193	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	124,235	746,771	16,287,818	0	26,874,708	30.00
31.00	03100	INTENSIVE CARE UNIT	23,375	52,587	6,833,278	0	12,123,142	31.00
43.00	04300	NURSERY	2,828	2,408	453,283	0	709,242	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,059	1,072,150	6,458,560	0	12,107,855	50.00
51.00	05100	RECOVERY ROOM	10,239	12,573	922,517	0	1,516,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,513	4,638	872,832	0	1,366,381	52.00
53.00	05300	ANESTHESIOLOGY	702	130,256	0	0	949,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,852	430,762	2,543,054	0	8,575,464	54.00
54.01	05401	ULTRASOUND	7,150	182,240	1,227,736	0	2,264,168	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,638	148,163	3,491,366	0	6,610,467	55.00
56.00	05600	RADIOISOTOPE	11,487	138,592	495,728	0	1,661,110	56.00
57.00	05700	CT SCAN	13,766	350,419	1,181,523	0	2,685,653	57.00
58.00	05800	MRI	8,935	288,618	623,662	0	1,453,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,183	989,877	3,476,223	0	7,779,305	59.00
60.00	06000	LABORATORY	14,911	221,399	5,084,973	0	11,308,813	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,646	0	0	1,599,499	63.00
65.00	06500	RESPIRATORY THERAPY	7,199	132,814	1,951,330	0	2,928,678	65.00
66.00	06600	PHYSICAL THERAPY	24,216	3,856	2,537,455	0	3,910,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,707	0	361,710	0	541,798	67.00
68.00	06800	SPEECH PATHOLOGY	300	580	252,638	0	370,637	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099	21,745	337,729	0	512,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,389	31,362	524,102	0	1,167,798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,521,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,095,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248	0	0	0	33,082,995	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	7,015	42,058	2,116,659	0	3,005,292	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,994	138,135	611,706	0	1,063,581	76.01
76.97	07697	CARDIAC REHABILITATION	458	2,947	451,056	0	800,977	76.97
76.99	07699	LITHOTRIPSY	229	0	0	0	11,402	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,037	2,814	758,555	0	1,813,655	90.00
91.00	09100	EMERGENCY	19,742	68,847	4,505,072	0	7,031,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	730,300	10,698,118	86,163,763	-49,768,735	232,678,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,998	22,932	0	0	1,209,858	192.00
193.01	19301	CONVENT	360	0	0	0	14,275	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	10,360	35,074	243,051	0	1,498,733	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	8,412,267	10,855,960	27,319,834		49,768,735	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.050282	1.009282	0.316177		0.211421	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			68,928		6,032,186	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000798		0.025625	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: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (ADJUSTED SQ FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	570,483					6.00
7.00	00700	OPERATION OF PLANT	6,448	564,035				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	246	246	1,135,745			8.00
9.00	00900	HOUSEKEEPING	7,499	7,499	0	542,968		9.00
10.00	01000	DIETARY	7,578	7,578	0	5,225	135,982	10.00
11.00	01100	CAFETERIA	6,606	6,606	0	8,959	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,515	2,515	0	2,515	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	865	865	0	865	0	14.00
15.00	01500	PHARMACY	5,015	5,015	0	5,015	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,446	2,446	0	2,446	0	16.00
17.00	01700	SOCIAL SERVICE	2,365	2,365	0	2,365	0	17.00
20.00	02000	NURSING SCHOOL	13,322	13,322	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	93	93	0	93	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	9,110	9,110	0	9,110	0	23.01
23.02	02302	PHARMACY RESIDENCY	151	151	0	151	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	124,235	124,235	383,978	124,235	110,815	30.00
31.00	03100	INTENSIVE CARE UNIT	23,375	23,375	87,580	23,375	13,579	31.00
43.00	04300	NURSERY	2,828	2,828	7,495	2,828	1,439	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,059	47,059	169,656	47,059	46	50.00
51.00	05100	RECOVERY ROOM	10,239	10,239	27,065	10,239	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,513	5,513	14,432	5,513	2,771	52.00
53.00	05300	ANESTHESIOLOGY	702	702	0	702	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,852	7,852	19,104	7,852	0	54.00
54.01	05401	ULTRASOUND	7,150	7,150	7,790	7,150	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,638	30,638	44,876	30,638	3,034	55.00
56.00	05600	RADIOISOTOPE	11,487	11,487	4,208	11,487	0	56.00
57.00	05700	CT SCAN	13,766	13,766	26,759	13,766	0	57.00
58.00	05800	MRI	8,935	8,935	10,003	8,935	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,183	9,183	33,292	9,183	1,789	59.00
60.00	06000	LABORATORY	14,911	14,911	0	14,911	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,199	7,199	0	7,199	0	65.00
66.00	06600	PHYSICAL THERAPY	24,216	24,216	0	24,216	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,707	1,707	0	1,707	0	67.00
68.00	06800	SPEECH PATHOLOGY	300	300	0	300	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099	1,099	4,775	1,099	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,389	7,389	0	7,389	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	248	248	0	248	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	7,015	7,015	92,557	7,015	992	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,994	4,994	12,139	4,994	0	76.01
76.97	07697	CARDIAC REHABILITATION	458	458	0	458	0	76.97
76.99	07699	LITHOTRIPSY	229	229	0	229	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,037	7,037	0	7,037	0	90.00
91.00	09100	EMERGENCY	19,742	19,742	190,036	19,742	1,517	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	463,765	457,317	1,135,745	436,250	135,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,998	95,998	0	95,998	0	192.00
193.01	19301	CONVENT	360	360	0	360	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	10,360	10,360	0	10,360	0	193.02
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)	11,210,589	5,535,719	1,241,951	4,716,451	1,717,349	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.651048	9.814496	1.093512	8.686425	12.629238	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (ADJUSTED SQ FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	2,590,961	494,627	30,035	225,007	171,658	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.541697	0.876944	0.026445	0.414402	1.262358	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: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	10,883					11.00
13.00	01300	NURSING ADMINISTRATION	135	1,340,182				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	87	0	43,253,097			14.00
15.00	01500	PHARMACY	275	52,270	63,627	32,277,849		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	146	0	22,996	0	1,375,131,202	16.00
17.00	01700	SOCIAL SERVICE	57	11,832	30	0	0	17.00
20.00	02000	NURSING SCHOOL	355	0	20,392	266	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	59	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	2,523	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	66	0	39,801	133	0	23.01
23.02	02302	PHARMACY RESIDENCY	47	9,729	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,796	581,551	1,894,707	24,643	109,487,673	30.00
31.00	03100	INTENSIVE CARE UNIT	1,021	212,480	719,507	8,926	68,177,107	31.00
43.00	04300	NURSERY	62	12,879	0	0	2,030,446	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,040	216,331	578,659	195	82,424,073	50.00
51.00	05100	RECOVERY ROOM	107	22,294	41,270	0	7,508,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119	24,800	0	0	3,931,409	52.00
53.00	05300	ANESTHESIOLOGY	0	0	478,001	73,285	27,801,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	348	0	424,196	55,473	37,585,689	54.00
54.01	05401	ULTRASOUND	142	0	194,224	0	49,694,979	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	493	102,520	877,910	77,030	59,810,445	55.00
56.00	05600	RADIOISOTOPE	50	0	536,822	30,977	23,011,119	56.00
57.00	05700	CT SCAN	169	0	0	67,915	96,647,454	57.00
58.00	05800	MRI	68	0	156,610	1,339	23,246,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	372	0	88,482	4,219	65,374,295	59.00
60.00	06000	LABORATORY	863	0	552,494	0	185,269,171	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,570,829	63.00
65.00	06500	RESPIRATORY THERAPY	307	0	25,275	3,994	23,827,113	65.00
66.00	06600	PHYSICAL THERAPY	312	0	18,672	0	14,728,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	40	0	6,166	0	2,461,071	67.00
68.00	06800	SPEECH PATHOLOGY	33	0	247	0	1,622,872	68.00
69.00	06900	ELECTROCARDIOLOGY	67	0	27,128	0	10,223,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81	0	87,634	0	9,637,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	15,871,876	100	76,792,532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,149,331	0	108,542,651	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,850	31,920,092	166,971,339	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	283	58,804	32,998	3,548	8,546,358	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	75	15,599	28,106	631	9,873,387	76.01
76.97	07697	CARDIAC REHABILITATION	63	0	8,619	0	1,247,828	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	124,630	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	92	19,093	158,921	0	4,572,605	90.00
91.00	09100	EMERGENCY	652	0	95,912	2,923	85,388,230	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,882	1,340,182	43,247,986	32,275,689	1,375,131,202	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	1,328	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	3,783	2,160	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,492,316	5,470,904	505,576	6,753,223	1,603,018	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	229.010016	4.082210	0.011689	0.209222	0.001166	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	161,515	337,061	29,625	505,889	73,161	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.841036	0.251504	0.000685	0.015673	0.000053	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: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS				
			SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	MEDTECH SCHOOL
			(TOTAL PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
			17.00	20.00	21.00	22.00	23.00
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	46,879				17.00
20.00	02000	NURSING SCHOOL	0	12,499			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		506,224		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0			15,901	22.00
23.00	02300	MEDTECH SCHOOL	0				0 23.00
23.01	02301	PARAMED TRAINING	0				23.01
23.02	02302	PHARMACY RESIDENCY	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,079	7,399	124,235	2,951	0 30.00
31.00	03100	INTENSIVE CARE UNIT	9,021	3,054	23,375	0	0 31.00
43.00	04300	NURSERY	779	61	2,828	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	276	47,059	2,375	0 50.00
51.00	05100	RECOVERY ROOM	0	0	10,239	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117	5,513	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	702	272	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,852	152	0 54.00
54.01	05401	ULTRASOUND	0	0	7,150	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48	30,638	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	11,487	0	0 56.00
57.00	05700	CT SCAN	0	0	13,766	0	0 57.00
58.00	05800	MRI	0	0	8,935	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	210	9,183	0	0 59.00
60.00	06000	LABORATORY	0	0	14,911	152	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,199	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	24,216	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,707	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	300	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,099	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,389	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	248	0	0 73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	194	7,015	0	0 75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	132	4,994	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	118	458	0	0 76.97
76.99	07699	LITHOTRIPSY	0	0	229	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	340	7,037	764	0 90.00
91.00	09100	EMERGENCY	0	550	19,742	3,992	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,879	12,499	399,506	10,658	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	95,998	5,243	0 192.00
193.01	19301	CONVENT	0	0	360	0	0 193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	10,360	0	0 193.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS) 17.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	INTERNS & RESIDENTS		MEDTECH SCHOOL (ASSIGNED TIME) 23.00	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME) 22.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	7,973,116	548,108	580,618	261,436	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	170.078628	43.852148	1.146959	16.441482	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	207,145	1,314,871	13,115	6,934	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.418716	32.144892	0.025908	0.436073	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			PARAMED TRAINING (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	
			23.01	23.02	
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
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
23.00	02300	MEDTECH SCHOOL			23.00
23.01	02301	PARAMED TRAINING	100		23.01
23.02	02302	PHARMACY RESIDENCY		688	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	471	30.00
31.00	03100	INTENSIVE CARE UNIT	0	71	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	79	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
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	100	67	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	688	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.01	19301	CONVENT	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	193.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,281,929	794,229	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12,819.290000	1,154.402616	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED TRAINING (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	
			23.01	23.02	
204.00		Cost to be allocated (per Wkst. B, Part II)	227,939	21,513	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2,279.390000	31.268895	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	49,459,615		49,459,615	0	49,459,615	30.00	
31.00	03100	INTENSIVE CARE UNIT	18,786,439		18,786,439	0	18,786,439	31.00	
43.00	04300	NURSERY	1,197,761		1,197,761	0	1,197,761	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,976,696		17,976,696	0	17,976,696	50.00	
51.00	05100	RECOVERY ROOM	2,381,561		2,381,561	0	2,381,561	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,054,578		2,054,578	0	2,054,578	52.00	
53.00	05300	ANESTHESIOLOGY	1,230,505		1,230,505	0	1,230,505	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,849,040		10,849,040	0	10,849,040	54.00	
54.01	05401	ULTRASOUND	3,116,899		3,116,899	0	3,116,899	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	9,893,981		9,893,981	0	9,893,981	55.00	
56.00	05600	RADIOISOTOPE	2,506,195		2,506,195	0	2,506,195	56.00	
57.00	05700	CT SCAN	3,973,519		3,973,519	0	3,973,519	57.00	
58.00	05800	MRI	2,157,425		2,157,425	0	2,157,425	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,005,906		10,005,906	0	10,005,906	59.00	
60.00	06000	LABORATORY	14,688,350		14,688,350	0	14,688,350	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,947,661		1,947,661	0	1,947,661	63.00	
65.00	06500	RESPIRATORY THERAPY	3,921,738	0	3,921,738	0	3,921,738	65.00	
66.00	06600	PHYSICAL THERAPY	5,750,562	0	5,750,562	0	5,750,562	66.00	
67.00	06700	OCCUPATIONAL THERAPY	733,572	0	733,572	0	733,572	67.00	
68.00	06800	SPEECH PATHOLOGY	469,894	0	469,894	0	469,894	68.00	
69.00	06900	ELECTROCARDIOLOGY	696,055		696,055	0	696,055	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,727,411		1,727,411	0	1,727,411	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,077,948		19,077,948	0	19,077,948	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,705,934		24,705,934	0	24,705,934	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	46,960,400		46,960,400	0	46,960,400	73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	4,346,510		4,346,510	0	4,346,510	75.01	
76.00	03950	DIABETIC SERVICE	0		0	0	0	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	1,590,864		1,590,864	0	1,590,864	76.01	
76.97	07697	CARDIAC REHABILITATION	1,008,952		1,008,952	0	1,008,952	76.97	
76.99	07699	LITHOTRIPSY	22,695		22,695	0	22,695	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,586,686		2,586,686	0	2,586,686	90.00	
91.00	09100	EMERGENCY	11,132,034		11,132,034	0	11,132,034	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,242,571		4,242,571	0	4,242,571	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
200.00		Subtotal (see instructions)	281,199,957	0	281,199,957	0	281,199,957	200.00	
201.00		Less Observation Beds	4,242,571		4,242,571	0	4,242,571	201.00	
202.00		Total (see instructions)	276,957,386	0	276,957,386	0	276,957,386	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
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			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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,286,581		99,286,581			30.00	
31.00	03100	INTENSIVE CARE UNIT	68,177,107		68,177,107			31.00	
43.00	04300	NURSERY	2,030,446		2,030,446			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,810,340	38,613,733	82,424,073	0.218100	0.000000	50.00	
51.00	05100	RECOVERY ROOM	3,095,950	4,412,480	7,508,430	0.317185	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,927,593	3,816	3,931,409	0.522606	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,102,477	13,699,251	27,801,728	0.044260	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,856,867	26,728,822	37,585,689	0.288648	0.000000	54.00	
54.01	05401	ULTRASOUND	16,256,859	33,438,120	49,694,979	0.062721	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,112,000	58,698,445	59,810,445	0.165422	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,775,385	20,235,734	23,011,119	0.108912	0.000000	56.00	
57.00	05700	CT SCAN	37,258,263	59,389,191	96,647,454	0.041114	0.000000	57.00	
58.00	05800	MRI	7,919,996	15,326,161	23,246,157	0.092808	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	33,324,191	32,050,104	65,374,295	0.153056	0.000000	59.00	
60.00	06000	LABORATORY	85,934,473	99,334,698	185,269,171	0.079281	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,059,804	1,511,025	8,570,829	0.227243	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	21,706,699	2,120,414	23,827,113	0.164591	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,721,907	9,006,834	14,728,741	0.390431	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,715,573	745,498	2,461,071	0.298070	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,114,323	508,549	1,622,872	0.289545	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,878,642	7,344,585	10,223,227	0.068086	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,230,977	6,406,637	9,637,614	0.179236	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,074,927	28,717,605	76,792,532	0.248435	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,505,130	41,037,521	108,542,651	0.227615	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	54,115,475	112,855,864	166,971,339	0.281248	0.000000	73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,722,893	6,823,465	8,546,358	0.508580	0.000000	75.01	
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	3,673,333	6,200,054	9,873,387	0.161126	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	490	1,247,338	1,247,828	0.008567	0.000000	76.97	
76.99	07699	LITHOTRIPSY	26,522	98,108	124,630	0.182099	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,373	4,532,232	4,572,605	0.565692	0.000000	90.00	
91.00	09100	EMERGENCY	35,900,747	49,487,483	85,388,230	0.130370	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,465,503	6,735,589	10,201,092	0.415894	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
200.00		Subtotal (see instructions)	687,821,846	687,309,356	1,375,131,202			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	687,821,846	687,309,356	1,375,131,202			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/26/2021 12:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218100		50.00
51.00	05100	RECOVERY ROOM	0.317185		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522606		52.00
53.00	05300	ANESTHESIOLOGY	0.044260		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288648		54.00
54.01	05401	ULTRASOUND	0.062721		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165422		55.00
56.00	05600	RADIOISOTOPE	0.108912		56.00
57.00	05700	CT SCAN	0.041114		57.00
58.00	05800	MRI	0.092808		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153056		59.00
60.00	06000	LABORATORY	0.079281		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227243		63.00
65.00	06500	RESPIRATORY THERAPY	0.164591		65.00
66.00	06600	PHYSICAL THERAPY	0.390431		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298070		67.00
68.00	06800	SPEECH PATHOLOGY	0.289545		68.00
69.00	06900	ELECTROCARDIOLOGY	0.068086		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179236		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248435		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227615		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281248		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.508580		75.01
76.00	03950	DIABETIC SERVICE	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.161126		76.01
76.97	07697	CARDIAC REHABILITATION	0.808567		76.97
76.99	07699	LITHOTRIPSY	0.182099		76.99
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.565692		90.00
91.00	09100	EMERGENCY	0.130370		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415894		92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0233

Period:
From 10/01/2019
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Part I
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,459,615		49,459,615	0	49,459,615	30.00
31.00	03100	INTENSIVE CARE UNIT	18,786,439		18,786,439	0	18,786,439	31.00
43.00	04300	NURSERY	1,197,761		1,197,761	0	1,197,761	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,976,696		17,976,696	0	17,976,696	50.00
51.00	05100	RECOVERY ROOM	2,381,561		2,381,561	0	2,381,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,054,578		2,054,578	0	2,054,578	52.00
53.00	05300	ANESTHESIOLOGY	1,230,505		1,230,505	0	1,230,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,849,040		10,849,040	0	10,849,040	54.00
54.01	05401	ULTRASOUND	3,116,899		3,116,899	0	3,116,899	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,893,981		9,893,981	0	9,893,981	55.00
56.00	05600	RADIOISOTOPE	2,506,195		2,506,195	0	2,506,195	56.00
57.00	05700	CT SCAN	3,973,519		3,973,519	0	3,973,519	57.00
58.00	05800	MRI	2,157,425		2,157,425	0	2,157,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,005,906		10,005,906	0	10,005,906	59.00
60.00	06000	LABORATORY	14,688,350		14,688,350	0	14,688,350	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,947,661		1,947,661	0	1,947,661	63.00
65.00	06500	RESPIRATORY THERAPY	3,921,738	0	3,921,738	0	3,921,738	65.00
66.00	06600	PHYSICAL THERAPY	5,750,562	0	5,750,562	0	5,750,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	733,572	0	733,572	0	733,572	67.00
68.00	06800	SPEECH PATHOLOGY	469,894	0	469,894	0	469,894	68.00
69.00	06900	ELECTROCARDIOLOGY	696,055		696,055	0	696,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,727,411		1,727,411	0	1,727,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,077,948		19,077,948	0	19,077,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,705,934		24,705,934	0	24,705,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,960,400		46,960,400	0	46,960,400	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	4,346,510		4,346,510	0	4,346,510	75.01
76.00	03950	DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,590,864		1,590,864	0	1,590,864	76.01
76.97	07697	CARDIAC REHABILITATION	1,008,952		1,008,952	0	1,008,952	76.97
76.99	07699	LITHOTRIPSY	22,695		22,695	0	22,695	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,586,686		2,586,686	0	2,586,686	90.00
91.00	09100	EMERGENCY	11,132,034		11,132,034	0	11,132,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,242,571		4,242,571	0	4,242,571	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	281,199,957	0	281,199,957	0	281,199,957	200.00
201.00		Less Observation Beds	4,242,571		4,242,571	0	4,242,571	201.00
202.00		Total (see instructions)	276,957,386	0	276,957,386	0	276,957,386	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

			Title XIX			Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,286,581		99,286,581			30.00	
31.00	03100	INTENSIVE CARE UNIT	68,177,107		68,177,107			31.00	
43.00	04300	NURSERY	2,030,446		2,030,446			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,810,340	38,613,733	82,424,073	0.218100	0.000000	50.00	
51.00	05100	RECOVERY ROOM	3,095,950	4,412,480	7,508,430	0.317185	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,927,593	3,816	3,931,409	0.522606	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,102,477	13,699,251	27,801,728	0.044260	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,856,867	26,728,822	37,585,689	0.288648	0.000000	54.00	
54.01	05401	ULTRASOUND	16,256,859	33,438,120	49,694,979	0.062721	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,112,000	58,698,445	59,810,445	0.165422	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,775,385	20,235,734	23,011,119	0.108912	0.000000	56.00	
57.00	05700	CT SCAN	37,258,263	59,389,191	96,647,454	0.041114	0.000000	57.00	
58.00	05800	MRI	7,919,996	15,326,161	23,246,157	0.092808	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	33,324,191	32,050,104	65,374,295	0.153056	0.000000	59.00	
60.00	06000	LABORATORY	85,934,473	99,334,698	185,269,171	0.079281	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,059,804	1,511,025	8,570,829	0.227243	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	21,706,699	2,120,414	23,827,113	0.164591	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,721,907	9,006,834	14,728,741	0.390431	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,715,573	745,498	2,461,071	0.298070	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,114,323	508,549	1,622,872	0.289545	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,878,642	7,344,585	10,223,227	0.068086	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,230,977	6,406,637	9,637,614	0.179236	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,074,927	28,717,605	76,792,532	0.248435	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,505,130	41,037,521	108,542,651	0.227615	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	54,115,475	112,855,864	166,971,339	0.281248	0.000000	73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,722,893	6,823,465	8,546,358	0.508580	0.000000	75.01	
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	3,673,333	6,200,054	9,873,387	0.161126	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	490	1,247,338	1,247,828	0.008567	0.000000	76.97	
76.99	07699	LITHOTRIPSY	26,522	98,108	124,630	0.182099	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,373	4,532,232	4,572,605	0.565692	0.000000	90.00	
91.00	09100	EMERGENCY	35,900,747	49,487,483	85,388,230	0.130370	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,465,503	6,735,589	10,201,092	0.415894	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
200.00		Subtotal (see instructions)	687,821,846	687,309,356	1,375,131,202			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	687,821,846	687,309,356	1,375,131,202			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
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
54.01	05401	ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
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
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.000000			75.01
76.00	03950	DIABETIC SERVICE	0.000000			76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.99	07699	LITHOTRIPSY	0.000000			76.99
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
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,937,730	0	3,937,730	40,558	97.09	30.00
31.00	INTENSIVE CARE UNIT	872,615		872,615	9,021	96.73	31.00
43.00	NURSERY	75,608		75,608	779	97.06	43.00
200.00	Total (lines 30 through 199)	4,885,953		4,885,953	50,358		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	16,937	1,644,413				
31.00	INTENSIVE CARE UNIT	3,388	327,721				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	20,325	1,972,134				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges		Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,635,721	82,424,073	0.031978	17,289,102	552,871	50.00
51.00	05100	RECOVERY ROOM	223,241	7,508,430	0.029732	1,182,077	35,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140,048	3,931,409	0.035623	0	0	52.00
53.00	05300	ANESTHESIOLOGY	169,898	27,801,728	0.006111	6,118,523	37,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,177,622	37,585,689	0.031332	4,602,063	144,192	54.00
54.01	05401	ULTRASOUND	394,284	49,694,979	0.007934	7,242,807	57,464	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	851,447	59,810,445	0.014236	642,447	9,146	55.00
56.00	05600	RADIOISOTOPE	406,035	23,011,119	0.017645	1,464,816	25,847	56.00
57.00	05700	CT SCAN	979,599	96,647,454	0.010136	15,243,814	154,511	57.00
58.00	05800	MRI	488,892	23,246,157	0.021031	3,296,780	69,335	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,359,291	65,374,295	0.020792	15,371,053	319,595	59.00
60.00	06000	LABORATORY	990,313	185,269,171	0.005345	36,993,926	197,733	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,130	8,570,829	0.005382	2,504,453	13,479	63.00
65.00	06500	RESPIRATORY THERAPY	420,070	23,827,113	0.017630	9,018,662	158,999	65.00
66.00	06600	PHYSICAL THERAPY	572,563	14,728,741	0.038874	2,616,382	101,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,014	2,461,071	0.017071	618,405	10,557	67.00
68.00	06800	SPEECH PATHOLOGY	15,626	1,622,872	0.009629	574,898	5,536	68.00
69.00	06900	ELECTROCARDIOLOGY	54,496	10,223,227	0.005331	1,377,159	7,342	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	283,859	9,637,614	0.029453	1,560,389	45,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	718,796	76,792,532	0.009360	19,578,954	183,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	534,493	108,542,651	0.004924	30,767,452	151,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,360,871	166,971,339	0.008150	21,774,067	177,459	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	255,791	8,546,358	0.029930	706,570	21,148	75.01
76.00	03950	DIABETIC SERVICE	0	0	0.000000	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	252,389	9,873,387	0.025563	1,776,081	45,402	76.01
76.97	07697	CARDIAC REHABILITATION	125,532	1,247,828	0.100600	490	49	76.97
76.99	07699	LITHOTRIPSY	3,937	124,630	0.031590	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	306,926	4,572,605	0.067123	19,178	1,287	90.00
91.00	09100	EMERGENCY	703,151	85,388,230	0.008235	13,397,516	110,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	337,772	10,201,092	0.033111	1,639,101	54,272	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,850,807	1,205,637,068		217,377,165	2,691,514	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/26/2021 12:19 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	324,462	0	543,723	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	133,924	0	81,963	0	31.00			
43.00	04300	NURSERY	0	2,675	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	461,061	0	625,686	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	868,185	40,558	21.41	16,937	30.00			
31.00	03100	INTENSIVE CARE UNIT		215,887	9,021	23.93	3,388	31.00			
43.00	04300	NURSERY		2,675	779	3.43	0	43.00			
200.00		Total (lines 30 through 199)		1,086,747	50,358		20,325	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		362,621						30.00	
31.00	03100	INTENSIVE CARE UNIT		81,075						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		443,696						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/26/2021 12:19 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	12,103	0	91,198	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	5,131	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	ULTRASOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	2,105	0	0	55.00
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	9,209	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
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
75.01	07501	SURGERY/CARDIAC AMB DAY CARE		0	0	8,507	0	0	75.01
76.00	03950	DIABETIC SERVICE		0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0	0	5,788	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	5,175	0	0	76.97
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	14,910	0	0	90.00
91.00	09100	EMERGENCY		0	0	24,119	0	1,359,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	27,831	0	46,639	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	114,878	0	1,497,111	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/26/2021 12:19 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	103,301	103,301	82,424,073	0.001253	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,508,430	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,131	5,131	3,931,409	0.001305	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,801,728	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	37,585,689	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	49,694,979	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,105	2,105	59,810,445	0.000035	55.00
56.00	05600	RADIOISOTOPE	0	0	0	23,011,119	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	96,647,454	0.000000	57.00
58.00	05800	MRI	0	0	0	23,246,157	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,209	9,209	65,374,295	0.000141	59.00
60.00	06000	LABORATORY	0	0	0	185,269,171	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,570,829	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,827,113	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,728,741	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,461,071	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,622,872	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,223,227	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,637,614	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	76,792,532	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	108,542,651	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	166,971,339	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	8,507	8,507	8,546,358	0.000995	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	5,788	5,788	9,873,387	0.000586	76.01
76.97	07697	CARDIAC REHABILITATION	0	5,175	5,175	1,247,828	0.004147	76.97
76.99	07699	LITHOTRIPSY	0	0	0	124,630	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,910	14,910	4,572,605	0.003261	90.00
91.00	09100	EMERGENCY	0	1,383,393	1,383,393	85,388,230	0.016201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	74,470	74,470	10,201,092	0.007300	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,611,989	1,611,989	1,205,637,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/26/2021 12:19 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.001253	17,289,102	21,663	8,669,761	10,863	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,182,077	0	924,375	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001305	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	6,118,523	0	4,006,242	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,602,063	0	7,350,711	0	54.00	
54.01	05401	ULTRASOUND	0.000000	7,242,807	0	9,734,731	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000035	642,447	22	25,094,323	878	55.00	
56.00	05600	RADIOISOTOPE	0.000000	1,464,816	0	7,228,388	0	56.00	
57.00	05700	CT SCAN	0.000000	15,243,814	0	17,657,369	0	57.00	
58.00	05800	MRI	0.000000	3,296,780	0	3,322,615	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000141	15,371,053	2,167	13,845,687	1,952	59.00	
60.00	06000	LABORATORY	0.000000	36,993,926	0	15,523,903	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,504,453	0	526,035	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	9,018,662	0	616,747	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,616,382	0	54,588	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	618,405	0	3,977	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	574,898	0	8,255	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,377,159	0	2,197,670	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,560,389	0	1,638,945	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	19,578,954	0	9,480,615	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	30,767,452	0	13,773,640	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	21,774,067	0	43,218,590	0	73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.000995	706,570	703	1,959,772	1,950	75.01	
76.00	03950	DIABETIC SERVICE	0.000000	0	0	0	0	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	0.000586	1,776,081	1,041	2,368,340	1,388	76.01	
76.97	07697	CARDIAC REHABILITATION	0.004147	490	2	455,128	1,887	76.97	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.003261	19,178	63	1,925,452	6,279	90.00	
91.00	09100	EMERGENCY	0.016201	13,397,516	217,053	11,912,659	192,997	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.007300	1,639,101	11,965	1,128,971	8,241	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		217,377,165	254,679	204,627,489	226,435	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/26/2021 12:19 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.218100	8,669,761	0	0	1,890,875	50.00
51.00	05100	RECOVERY ROOM	0.317185	924,375	0	0	293,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522606	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044260	4,006,242	0	0	177,316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288648	7,350,711	0	0	2,121,768	54.00
54.01	05401	ULTRASOUND	0.062721	9,734,731	0	0	610,572	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165422	25,094,323	0	690	4,151,153	55.00
56.00	05600	RADIOISOTOPE	0.108912	7,228,388	0	0	787,258	56.00
57.00	05700	CT SCAN	0.041114	17,657,369	0	0	725,965	57.00
58.00	05800	MRI	0.092808	3,322,615	0	0	308,365	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153056	13,845,687	0	0	2,119,165	59.00
60.00	06000	LABORATORY	0.079281	15,523,903	0	0	1,230,751	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227243	526,035	0	0	119,538	63.00
65.00	06500	RESPIRATORY THERAPY	0.164591	616,747	0	0	101,511	65.00
66.00	06600	PHYSICAL THERAPY	0.390431	54,588	0	0	21,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298070	3,977	0	0	1,185	67.00
68.00	06800	SPEECH PATHOLOGY	0.289545	8,255	0	0	2,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068086	2,197,670	0	0	149,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179236	1,638,945	0	0	293,758	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248435	9,480,615	0	0	2,355,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227615	13,773,640	0	0	3,135,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281248	43,218,590	416	111,466	12,155,142	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.508580	1,959,772	0	0	996,701	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.161126	2,368,340	0	0	381,601	76.01
76.97	07697	CARDIAC REHABILITATION	0.808567	455,128	0	0	368,001	76.97
76.99	07699	LITHOTRIPSY	0.182099	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.565692	1,925,452	0	0	1,089,213	90.00
91.00	09100	EMERGENCY	0.130370	11,912,659	0	0	1,553,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415894	1,128,971	0	0	469,532	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		204,627,489	416	112,156	37,609,359	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		204,627,489	416	112,156	37,609,359	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/26/2021 12:19 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	114		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	117	31,350		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0		75.01
76.00	03950	DIABETIC SERVICE	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.99	07699	LITHOTRIPSY	0	0		76.99
	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
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	117	31,464		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	117	31,464		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/26/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			40,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			40,558	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)			37,079	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)			16,937	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)			49,459,615	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)			49,459,615	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)			49,459,615	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)			1,219.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			20,654,333	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			20,654,333	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0233

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

Worksheet D-1

Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
Cost Center Description			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		18,786,439	9,021	2,082.52	3,388	7,055,578	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)						37,558,700	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						65,268,611	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)						2,415,830	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,946,193	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						5,362,023	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						59,906,588	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)						3,479	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,219.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						4,242,571	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0233

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

Worksheet D-1

Date/Time Prepared:
3/26/2021 12:19 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,937,730	49,459,615	0.079615	4,242,571	337,772	90.00
91.00 Nursing School cost	324,462	49,459,615	0.006560	4,242,571	27,831	91.00
92.00 Allied health cost	543,723	49,459,615	0.010993	4,242,571	46,639	92.00
93.00 All other Medical Education	0	49,459,615	0.000000	4,242,571	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/26/2021 12:19 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		43,370,605	30.00
31.00	03100	INTENSIVE CARE UNIT		24,719,524	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218100	17,289,102	50.00
51.00	05100	RECOVERY ROOM	0.317185	1,182,077	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522606	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044260	6,118,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288648	4,602,063	54.00
54.01	05401	ULTRASOUND	0.062721	7,242,807	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165422	642,447	55.00
56.00	05600	RADIOISOTOPE	0.108912	1,464,816	56.00
57.00	05700	CT SCAN	0.041114	15,243,814	57.00
58.00	05800	MRI	0.092808	3,296,780	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153056	15,371,053	59.00
60.00	06000	LABORATORY	0.079281	36,993,926	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227243	2,504,453	63.00
65.00	06500	RESPIRATORY THERAPY	0.164591	9,018,662	65.00
66.00	06600	PHYSICAL THERAPY	0.390431	2,616,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298070	618,405	67.00
68.00	06800	SPEECH PATHOLOGY	0.289545	574,898	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068086	1,377,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179236	1,560,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248435	19,578,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227615	30,767,452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281248	21,774,067	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.508580	706,570	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.161126	1,776,081	76.01
76.97	07697	CARDIAC REHABILITATION	0.808567	490	76.97
76.99	07699	LITHOTRIPSY	0.182099	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.565692	19,178	90.00
91.00	09100	EMERGENCY	0.130370	13,397,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415894	1,639,101	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		217,377,165	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)		217,377,165	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/26/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			45,080,277	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)			1,786,987	2.04
3.00	Managed Care Simulated Payments			19,328,751	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			231.49	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)			6.42	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).			-4.62	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)			1.80	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			2.41	10.00
11.00	FTE count for residents in dental and podiatric programs.			4.07	11.00
12.00	Current year allowable FTE (see instructions)			5.87	12.00
13.00	Total allowable FTE count for the prior year.			6.85	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.			5.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.			6.19	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			6.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.026740	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.029674	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.026740	21.00
22.00	IME payment adjustment (see instructions)			653,934	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			280,383	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)			0.61	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)			653,934	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			280,383	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.71	31.00
32.00	Sum of lines 30 and 31			18.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.89	33.00
34.00	Disproportionate share adjustment (see instructions)			551,107	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/26/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000295018		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,463,577	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,463,577	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,463,577		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	50,535,882			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)			50,816,265	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,806,207	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).			249,050	52.00
53.00	Nursing and Allied Health Managed Care payment			454,917	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			443,696	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			254,679	58.00
59.00	Total (sum of amounts on lines 49 through 58)			56,024,814	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			56,024,814	61.00
62.00	Deductibles billed to program beneficiaries			4,230,248	62.00
63.00	Coinsurance billed to program beneficiaries			160,270	63.00
64.00	Allowable bad debts (see instructions)			685,965	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			445,877	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			570,368	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			52,080,173	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)			-440,537	70.93
70.94	HRR adjustment amount (see instructions)			-937,669	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/26/2021 12:19 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		522,851	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		50,179,116	71.00
71.01	Sequestration adjustment (see instructions)		582,078	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		50,104,718	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-507,680	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,288,916	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: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/26/2021 12:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,581	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,382,924	2.00
3.00	OPPS payments		33,310,488	3.00
4.00	Outlier payment (see instructions)		169,322	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		226,435	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,581	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		112,572	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)		112,572	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)		112,572	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,991	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)		31,581	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)		33,706,245	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,734,121	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)		28,003,705	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		143,603	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)		28,147,308	30.00
31.00	Primary payer payments		6,635	31.00
32.00	Subtotal (line 30 minus line 31)		28,140,673	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)		782,165	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		508,407	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		650,321	36.00
37.00	Subtotal (see instructions)		28,649,080	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER RECONCILING ITEM		340	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		28,649,420	40.00
40.01	Sequestration adjustment (see instructions)		332,333	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		28,427,643	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-110,556	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/26/2021 12:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		50,072,318		28,427,643	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	01/06/2020	32,400		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)		32,400		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)		50,104,718		28,427,643	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		507,680		110,556	6.02	
7.00	Total Medicare program liability (see instructions)		49,597,038		28,317,087	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: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/26/2021 12:19 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4 Date/Time Prepared: 3/26/2021 12:19 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					8.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					-6.62	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					1.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					2.41	6.00
7.00	Enter the lesser of line 5 or line 6					1.80	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.26		2.15		2.41 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.19		1.61		1.80 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			4.07		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	0.19		5.68		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00		6.38		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.08		5.26		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.09		5.77		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	0.09		5.77		17.00	
18.00	Per resident amount	112,196.24		106,365.32		18.00	
19.00	Approved amount for resident costs	10,098		613,728		623,826 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					20.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.61 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.61 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					623,826 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01 3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	20,325		2,360		7,080 26.00	
27.00	Total Inpatient Days (see instructions)	46,239		46,239		46,239 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.439564		0.051039		0.153117 28.00	
29.00	Program direct GME amount	274,211		31,839		95,518 29.00	
29.01	Percent reduction for MA DGME			7.00		7.00 29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			2,229		6,686 30.00	
31.00	Net Program direct GME amount					392,653 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 3/26/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			65,268,611	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			65,268,611	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			37,640,940	42.00
43.00	Primary payer payments (see instructions)			6,635	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			37,634,305	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			102,902,916	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.634274	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.365726	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			392,653	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			249,050	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			143,603	50.00

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

Provider CCN: 14-0233

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

Worksheet G

Date/Time Prepared:
3/26/2021 12:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,381,080	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	216,025,759	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-166,546,978	0	0	0	6.00
7.00	Inventory	9,768,542	0	0	0	7.00
8.00	Prepaid expenses	578,903	0	0	0	8.00
9.00	Other current assets	3,178,451	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)	66,385,757	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,174,274	0	0	0	12.00
13.00	Land improvements	2,741,276	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	223,644,164	0	0	0	15.00
16.00	Accumulated depreciation	-89,291,402	0	0	0	16.00
17.00	Leasehold improvements	254,040	0	0	0	17.00
18.00	Accumulated depreciation	-2,287,796	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	118,269,706	0	0	0	23.00
24.00	Accumulated depreciation	-87,863,934	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	2,124,101	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	171,764,429	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,667,107	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)	18,667,107	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	256,817,293	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,510,343	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,219,870	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	76,782,594	0	0	0	40.00
41.00	Deferred income	2,812,700	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	546,933	0	0	0	43.00
44.00	Other current liabilities	77,410,878	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	171,283,318	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	698,468	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	698,468	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	171,981,786	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	84,835,507				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)	84,835,507	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	256,817,293	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0233

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

Worksheet G-1

Date/Time Prepared:
3/26/2021 12:19 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		101,698,380		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,707,483				2.00
3.00	Total (sum of line 1 and line 2)		115,405,863		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	CHANGE IN TRNA - 257001 & 257010	462,348		0		0	6.00
7.00	CHANGE IN PRNA - 267001 & 267010	438,070		0		0	7.00
8.00	UNLOCATED	-111,731		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		788,687		0		10.00
11.00	Subtotal (line 3 plus line 10)		116,194,550		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	EQUITY TRANSFER - ACCT 719850	29,076,751		0		0	13.00
14.00	EQUITY TRANSFER - ACCT 231095	2,282,292		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)		31,359,043		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		84,835,507		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	CHANGE IN TRNA - 257001 & 257010		0				6.00
7.00	CHANGE IN PRNA - 267001 & 267010		0				7.00
8.00	UNLOCATED		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	Deductions (debit adjustments) (specify)		0				12.00
13.00	EQUITY TRANSFER - ACCT 719850		0				13.00
14.00	EQUITY TRANSFER - ACCT 231095		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: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/26/2021 12:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	101,317,027		101,317,027	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	101,317,027		101,317,027	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	68,177,107		68,177,107	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)	68,177,107		68,177,107	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	169,494,134		169,494,134	17.00
18.00	Ancillary services	512,864,101	668,408,159	1,181,272,260	18.00
19.00	Outpatient services	5,463,611	18,901,197	24,364,808	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	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	3,441,627	15,335,266	18,776,893	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	691,263,473	702,644,622	1,393,908,095	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		334,809,712		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)		334,809,712		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0233

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,393,908,095	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,069,825,284	2.00
3.00	Net patient revenues (line 1 minus line 2)	324,082,811	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	334,809,712	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,726,901	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,703,957	6.00
7.00	Income from investments	746,715	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	593,512	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	103	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,659,838	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	158,492	21.00
22.00	Rental of hospital space	21,747	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	2,045,165	24.00
24.01	RESEARCH	231,371	24.01
24.02	BLUE CROSS QUALITY	2,375,000	24.02
24.03	GAIN OR LOSS ON DISPOSAL OF ASSETS	38,138	24.03
24.50	COVID-19 PHE Funding	11,934,179	24.50
25.00	Total other income (sum of lines 6-24)	25,508,217	25.00
26.00	Total (line 5 plus line 25)	14,781,316	26.00
27.00	TAXES	2,209	27.00
27.01	PENSION	1,071,624	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,073,833	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,707,483	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0233

Period:
From 10/01/2019
To 09/30/2020Worksheet L
Parts I-III
Date/Time Prepared:
3/26/2021 12:19 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,565,533	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	191,113	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)	126.34	3.00
4.00	Number of interns & residents (see instructions)	6.19	4.00
5.00	Indirect medical education percentage (see instructions)	1.39	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)	49,561	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	3,806,207	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