

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: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/28/2022 5:07 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Ellen Daniel	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Ellen Daniel		2
3	Signatory Title	AVP, ACCOUNTING TAX & REGULATORY		3
4	Date	(Dated when report is electronica		4

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	3,132,071	355,956	0	0	1.00
2.00 Subprovider - IPF	0	31,609	0		0	2.00
3.00 Subprovider - IRF	0	-46,782	1		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	3,116,898	355,957	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: 14-0010		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 5:07 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2650 RIDGE AVENUE			PO Box:				1.00			
2.00	City: EVANSTON			State: IL		Zip Code: 60201		County: COOK			
		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		NORTHSHORE UNIVERSITY HEALTHSYSTEM		140010	16984	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		PSYCHIATRY UNIT		14S010	16974	4	10/01/1983	N	P	O
5.00	Subprovider - IRF		REHABILITATION UNIT		14T010	16974	5	10/01/1983	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF		TRANSITIONAL CARE CENTER		145855	16974		11/27/1995	N	P	N
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		HOME HEALTH		147001	16974		01/01/1966	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		HOSPICE		141522	16974		07/01/1979			
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020		09/30/2021		
21.00	Type of Control (see instructions)						2				
							1.00		2.00		
							2.00		3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y				
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N				

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Part I
Date/Time Prepared:
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/28/2022 5:07 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
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
61.01	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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 5:07 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	4,427,125		47,936,025		-153,719,439118.01	
				1.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 5:07 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			Y		165.00	
		Name		County		State	
		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)	EVANSTON HOSPITAL		COOK		IL	
						60201	
						16974	
						2,126.00	
166.01		GLENBROOK HOSPITAL		COOK		IL	
166.02		HIGHLAND PARK HOSPITAL		LAKE		IL	
						60026	
						60035	
						29404	
						930.00	
166.03		SKOKIE HOSPITAL		COOK		IL	
						60076	
						16974	
						693.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 5:07 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: 14-0010		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part II Date/Time Prepared: 2/28/2022 5:07 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs 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.	Y					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			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	01/04/2022	Y	01/04/2022		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		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		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part II Date/Time Prepared: 2/28/2022 5:07 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
				1.00	2.00		
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	XXXXXXXXXX		XXXXXXXXXX		41.00	
42.00	Enter the employer/company name of the cost report preparer.	XXXXXXXXXX				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	XXXXXXXXXX		XXXXXXXXXX		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/28/2022 5:07 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.	XXXXXXXXXX	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: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3

Part 1

Date/Time Prepared:
2/28/2022 5:07 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	572	208,715	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)		572	208,715	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	59	21,535	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		675	246,310	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	33	12,045		0	16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		719				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)		10	3,660			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: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part 1
Date/Time Prepared:
2/28/2022 5:07 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)	62,844	10,613	135,673			1.00
2.00 HMO and other (see instructions)	19,617	14,954				2.00
3.00 HMO IPF Subprovider	403	0				3.00
4.00 HMO IRF Subprovider	444	162				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)	62,844	10,613	135,673			7.00
8.00 INTENSIVE CARE UNIT	5,857	1,219	15,586			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	788	10,069			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		731	9,339			13.00
14.00 Total (see instructions)	68,701	13,351	170,667	204.28	6,344.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	893	0	8,321	5.05	62.00	16.00
17.00 SUBPROVIDER - IRF	1,813	468	4,087	0.24	24.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	27,094	2,998	65,515	0.00	98.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	44.00	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)				209.57	6,572.00	27.00
28.00 Observation Bed Days		2,531	20,952			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	341	1,630			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			208			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: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3

Part 1

Date/Time Prepared:
2/28/2022 5:07 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	13,969	2,757	35,146	1.00
2.00 HMO and other (see instructions)			3,661	3,181		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				9		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	13,969	2,757	35,146	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	93	0	1,216	16.00
17.00 SUBPROVIDER - IRF	0.00	0	129	30	295	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/28/2022 5:07 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	651,549,924	0	651,549,924	13,673,274.00	47.65
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		20,907,779	0	20,907,779	81,192.00	257.51
4.01	Physicians - Part A - Teaching		4,479,482	0	4,479,482	18,413.00	243.28
5.00	Physician and Non Physician-Part B		51,126,222	0	51,126,222	478,877.00	106.76
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		18,178,411	0	18,178,411	438,738.00	41.43
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		31,150,534	2,692,862	33,843,396	796,491.00	42.49
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		24,237,457	0	24,237,457	662,158.00	36.60
12.00	Contract labor: Top level management and other management and administrative services		4,107,049	0	4,107,049	94,155.00	43.62
13.00	Contract labor: Physician-Part A - Administrative		2,899,194	0	2,899,194	14,615.00	198.37
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		136,767,503	0	136,767,503		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		8,442,033	0	8,442,033		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,991,701	0	1,991,701		
22.01	Physician Part A - Teaching		433,237	0	433,237		
23.00	Physician Part B		6,665,596	0	6,665,596		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/28/2022 5:07 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	16,820,919	-1,290,130	15,530,789	278,695.00	55.73	26.00
27.00	Administrative & General	5.00	185,354,527	-49,084,448	136,270,079	2,095,307.00	65.04	27.00
28.00	Administrative & General under contract (see inst.)		11,973,382	0	11,973,382	101,342.91	118.15	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,409,276	0	3,409,276	123,683.54	27.56	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,000	59,203	64,203	2,100.00	30.57	32.00
33.00	Housekeeping under contract (see instructions)		12,063,463	0	12,063,463	547,619.00	22.03	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,612,223	0	3,612,223	150,177.00	24.05	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,099,444	695,256	6,794,700	141,882.00	47.89	38.00
39.00	Central Services and Supply	14.00	8,381,825	0	8,381,825	262,810.42	31.89	39.00
40.00	Pharmacy	15.00	16,951,483	857	16,952,340	347,599.00	48.77	40.00
41.00	Medical Records & Medical Records Library	16.00	3,628,560	0	3,628,560	114,050.48	31.82	41.00
42.00	Social Service	17.00	78,392	2,209,292	2,287,684	54,822.00	41.73	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/28/2022 5:07 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)	605,414,877	0	605,414,877	13,536,384.91	44.73	1.00
2.00	Excluded area salaries (see instructions)	31,150,534	2,692,862	33,843,396	796,491.00	42.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	574,264,343	-2,692,862	571,571,481	12,739,893.91	44.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,243,700	0	31,243,700	770,928.00	40.53	4.00
5.00	Subtotal wage-related costs (see inst.)	138,759,204	0	138,759,204	0.00	24.28	5.00
6.00	Total (sum of lines 3 thru 5)	744,267,247	-2,692,862	741,574,385	13,510,821.91	54.89	6.00
7.00	Total overhead cost (see instructions)	268,378,494	-47,409,970	220,968,524	4,220,088.35	52.36	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
2/28/2022 5:07 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	64,463,268	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	8,333,328	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	3,010,260	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)	71,811,244	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	-235,303	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,005,901	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)	10,819,205	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,161,683	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	41,518,203	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	435,529	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))	-54,659,734	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	3,636,487	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	154,300,071	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: 14-0010

 Period:
 From 10/01/2020
 To 09/30/2021

 Worksheet S-3
 Part V
 Date/Time Prepared:
 2/28/2022 5:07 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	24,237,457	154,300,071	1.00
2.00	Hospital	24,237,457	136,767,503	2.00
3.00	Subprovider - IPF	0	1,383,100	3.00
4.00	Subprovider - IRF	0	540,922	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	2,166,284	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	978,882	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	12,463,380	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0010 Component CCN: 14-7001		Period: From 10/01/2020 To 09/30/2021		Worksheet S-4 Date/Time Prepared: 2/28/2022 5:07 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	COOK & LAKE				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,696	0	2,173	3,869	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,160.00	44.00	3,608.00	5,812.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			3.82	0.00	3.82	4.00
5.00	Other Administrative Personnel			33.18	0.00	33.18	5.00
6.00	Direct Nursing Service			35.33	0.00	35.33	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			26.04	0.00	26.04	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.59	0.00	2.59	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.56	0.00	0.56	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.86	0.00	1.86	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					3	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					16974	20.00
20.01						16984	20.01
20.02						29404	20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,163	267	569	38	12,037	21.00
22.00	Skilled Nursing Visit Charges	2,343,132	57,750	119,678	7,936	2,528,496	22.00
23.00	Physical Therapy Visits	11,923	267	301	40	12,531	23.00
24.00	Physical Therapy Visit Charges	2,503,830	56,070	62,370	8,400	2,630,670	24.00
25.00	Occupational Therapy Visits	1,324	88	12	8	1,432	25.00
26.00	Occupational Therapy Visit Charges	278,040	18,480	2,520	1,680	300,720	26.00
27.00	Speech Pathology Visits	268	24	3	0	295	27.00
28.00	Speech Pathology Visit Charges	59,228	5,304	663	0	65,195	28.00
29.00	Medical Social Service Visits	128	7	3	0	138	29.00
30.00	Medical Social Service Visit Charges	32,256	1,764	756	0	34,776	30.00
31.00	Home Health Aide Visits	614	40	3	4	661	31.00
32.00	Home Health Aide Visit Charges	81,048	5,280	396	528	87,252	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,420	693	891	90	27,094	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,297,534	144,648	186,383	18,544	5,647,109	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,952		496	18	3,466	36.00
37.00	Total Number of Outlier Episodes		37		0	37	37.00
38.00	Total Non-Routine Medical Supply Charges	1,652	0	224	0	1,876	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0010

Period:

Worksheet S-9

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021PARTS I THROUGH IV
Date/Time Prepared:
2/28/2022 5:07 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	46,634	1,418	3,767	51,819	11.00
12.00	Hospice Inpatient Respite Care	68	3	5	76	12.00
13.00	Hospice General Inpatient Care	779	86	187	1,052	13.00
14.00	Total Hospice Days	47,481	1,507	3,959	52,947	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/28/2022 5:07 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)		0.254219		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		83,276,355		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		476,380,084		6.00
7.00	Medicaid cost (line 1 times line 6)		121,104,869		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)		37,828,514		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		170,383		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)		37,828,514		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)	62,858,303	6,221,403	69,079,706	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,979,775	6,221,403	22,201,178	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)	15,979,775	6,221,403	22,201,178	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)		33,258,256		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,654,529		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,083,892		27.01
28.00	Non-Medicare bad debt expense (see instructions)		29,174,364		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		8,846,041		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		31,047,219		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		68,875,733		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/28/2022 5:07 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		51,565,187	51,565,187	6,915,859	58,481,046	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		35,716,572	35,716,572	0	35,716,572	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,820,919	27,431,397	44,252,316	-1,335,308	42,917,008	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	185,354,527	226,091,755	411,446,282	-73,042,130	338,404,152	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,409,276	54,414,815	57,824,091	-540	57,823,551	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,541,273	3,541,273	0	3,541,273	8.00
9.00	00900	HOUSEKEEPING	5,000	15,060,822	15,065,822	84,805	15,150,627	9.00
10.00	01000	DIETARY	0	13,219,855	13,219,855	0	13,219,855	10.00
11.00	01100	CAFETERIA	0	3,249,266	3,249,266	0	3,249,266	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,099,444	2,393,143	8,492,587	1,000,289	9,492,876	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,381,825	13,357,483	21,739,308	-4,860,215	16,879,093	14.00
15.00	01500	PHARMACY	16,951,483	149,420,519	166,372,002	-145,460,981	20,911,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,628,560	1,754,980	5,383,540	0	5,383,540	16.00
17.00	01700	SOCIAL SERVICE	78,392	22,019	100,411	3,048,115	3,148,526	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,486,403	22,310,729	45,797,132	-11,652,497	34,144,635	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,302,685	312,796	1,615,481	0	1,615,481	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	11,706	11,706	268,646	280,352	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	696,132	218,649	914,781	-486	914,295	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,508,703	31,789,684	129,298,387	4,806,718	134,105,105	30.00
31.00	03100	INTENSIVE CARE UNIT	21,670,084	7,908,212	29,578,296	2,235,473	31,813,769	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,468,517	2,120,324	9,588,841	692,769	10,281,610	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,806,600	1,180,388	5,986,988	312,269	6,299,257	40.00
41.00	04100	SUBPROVIDER - IRF	1,747,773	536,299	2,284,072	117,586	2,401,658	41.00
43.00	04300	NURSERY	0	0	0	3,253,735	3,253,735	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,601,890	89,984,561	121,586,451	-68,946,061	52,640,390	50.00
51.00	05100	RECOVERY ROOM	5,131,688	1,491,226	6,622,914	474,099	7,097,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,912,631	3,836,844	12,749,475	-854,488	11,894,987	52.00
53.00	05300	ANESTHESIOLOGY	2,221,794	3,330,313	5,552,107	108,513	5,660,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,407,990	18,752,051	50,160,041	-7,097,832	43,062,209	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,072,297	2,214,840	6,287,137	22,321	6,309,458	55.00
56.00	05600	RADIOISOTOPE	3,168,547	3,715,283	6,883,830	81,964	6,965,794	56.00
57.00	05700	CT SCAN	4,018,532	2,880,847	6,899,379	1,024,576	7,923,955	57.00
58.00	05800	MRI	4,753,985	2,189,876	6,943,861	-254,398	6,689,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,191,671	33,272,915	38,464,586	-28,810,945	9,653,641	59.00
60.00	06000	LABORATORY	25,039,640	41,539,924	66,579,564	-2,977,817	63,601,747	60.00
60.01	06001	VASCULAR LAB	1,699,532	383,146	2,082,678	107,299	2,189,977	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,294,396	2,451,344	3,745,740	-1,722,839	2,022,901	63.00
64.00	06400	INTRAVENOUS THERAPY	2,098,035	1,277,080	3,375,115	-346,930	3,028,185	64.00
65.00	06500	RESPIRATORY THERAPY	7,173,814	4,054,722	11,228,536	579,180	11,807,716	65.00
66.00	06600	PHYSICAL THERAPY	23,973,953	6,935,198	30,909,151	12,833	30,921,984	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,010,015	692,273	3,702,288	24,282	3,726,570	67.00
68.00	06800	SPEECH PATHOLOGY	1,061,336	239,851	1,301,187	12,198	1,313,385	68.00
69.00	06900	ELECTROCARDIOLOGY	4,848,807	2,144,199	6,993,006	222,091	7,215,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,941,171	956,833	2,898,004	39,515	2,937,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	65,002,295	65,002,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,387,044	61,387,044	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	145,444,692	145,444,692	73.00
74.00	07400	RENAL DIALYSIS	227	2,745,128	2,745,355	82,899	2,828,254	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,510,022	2,670,845	10,180,867	-107,675	10,073,192	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	598,144	157,832	755,976	-1,287	754,689	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28,248,921	37,076,627	65,325,548	49,554,048	114,879,596	90.00
91.00	09100	EMERGENCY	20,557,219	7,854,973	28,412,192	2,726,200	31,138,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	8,975,857	5,710,232	14,686,089	0	14,686,089	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		6,915,859	6,915,859	-6,915,859	0	113.00
116.00	11600	HOSPICE	4,015,437	3,269,304	7,284,741	0	7,284,741	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	641,943,874	952,371,999	1,594,315,873	-4,745,975	1,589,569,898	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	9,606,050	110,117,877	119,723,927	4,745,975	124,469,902	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	651,549,924	1,062,489,876	1,714,039,800	0	1,714,039,800	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	58,481,046	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	35,716,572	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,062,404	38,854,604	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-72,355,914	266,048,238	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-629,474	57,194,077	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,541,273	8.00
9.00	00900	HOUSEKEEPING	0	15,150,627	9.00
10.00	01000	DIETARY	-8,378	13,211,477	10.00
11.00	01100	CAFETERIA	-2,686,956	562,310	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-85,889	9,406,987	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-492	16,878,601	14.00
15.00	01500	PHARMACY	0	20,911,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,383,540	16.00
17.00	01700	SOCIAL SERVICE	0	3,148,526	17.00
18.00	01080	SPECIFY SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,256,613	31,888,022	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	1,615,481	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	-97,090	183,262	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	-914,295	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-24,879,641	109,225,464	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,089,608	28,724,161	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	10,281,610	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-5,507	6,293,750	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,401,658	41.00
43.00	04300	NURSERY	0	3,253,735	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-10,016,684	42,623,706	50.00
51.00	05100	RECOVERY ROOM	0	7,097,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,860	11,893,127	52.00
53.00	05300	ANESTHESIOLOGY	-803,433	4,857,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-671,714	42,390,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,429	6,308,029	55.00
56.00	05600	RADIOISOTOPE	0	6,965,794	56.00
57.00	05700	CT SCAN	-488	7,923,467	57.00
58.00	05800	MRI	-103,186	6,586,277	58.00
59.00	05900	CARDIAC CATHETERIZATION	-867,002	8,786,639	59.00
60.00	06000	LABORATORY	2,768,804	66,370,551	60.00
60.01	06001	VASCULAR LAB	0	2,189,977	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,022,901	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,028,185	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,807,716	65.00
66.00	06600	PHYSICAL THERAPY	-166,381	30,755,603	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,726,570	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,313,385	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,215,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,937,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	65,002,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,387,044	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	145,444,692	73.00
74.00	07400	RENAL DIALYSIS	0	2,828,254	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,073,192	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2,454	752,235	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,303,445	113,576,151	90.00
91.00	09100	EMERGENCY	-3,921,200	27,217,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-724	14,685,365	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	5,078	7,289,819	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-126,158,379	1,463,411,519	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	26,640,637	26,640,637	191.00
193.01	19301	NON-ALLOWABLE COST	0	124,469,902	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-99,517,742	1,614,522,058	200.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/28/2022 5:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NURSERY RECLASS					
1.00	NURSERY	43.00	2,402,661	851,074		1.00
2.00		0.00	0	0		2.00
	0		2,402,661	851,074		
	B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00		1,006,748		1.00
2.00	INTENSIVE CARE UNIT	31.00		285,181		2.00
3.00	SUBPROVIDER - IPF	40.00		60,270		3.00
4.00	SUBPROVIDER - IRF	41.00		24,015		4.00
5.00	OPERATING ROOM	50.00		824,558		5.00
6.00	RECOVERY ROOM	51.00		102,453		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00		257,401		7.00
8.00	ANESTHESIOLOGY	53.00		89,578		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00		208,069		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00		9,114		10.00
11.00	RADIOISOTOPE	56.00		20,469		11.00
12.00	CT SCAN	57.00		285,134		12.00
13.00	MRI	58.00		68,092		13.00
14.00	CARDIAC CATHETERIZATION	59.00		443,045		14.00
15.00	PHYSICAL THERAPY	66.00		51,101		15.00
16.00	ELECTROCARDIOLOGY	69.00		138,934		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00		20,328		17.00
18.00	RENAL DIALYSIS	74.00		16,801		18.00
19.00	ASC (NON-DISTINCT PART)	75.00		395		19.00
20.00	CLINIC	90.00		42,593		20.00
21.00	EMERGENCY	91.00		372,109		21.00
	0		0	4,326,388		
	C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	709,191	301,909		1.00
	0		709,191	301,909		
	D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		61,387,044		1.00
	0		0	61,387,044		
	E - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,915,859		1.00
	0		0	6,915,859		
	F - PART A BONUS RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	4,000			1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,125,426			2.00
3.00	LABORATORY	60.00	177,778			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	86,667			4.00
5.00	ADULTS & PEDIATRICS	30.00	186,365			5.00
6.00	SUBPROVIDER - IPF	40.00	200			6.00
	0		2,580,436	0		
	G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	33,102,470	19,226,540		1.00
	0		33,102,470	19,226,540		
	H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	496,615	84,870		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
	0		496,615	84,870		
	I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADULTS & PEDIATRICS	30.00	3,628,640	620,118		1.00
2.00	INTENSIVE CARE UNIT	31.00	1,027,885	175,661		2.00
3.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	585,952	100,137		3.00
4.00	SUBPROVIDER - IPF	40.00	217,232	37,124		4.00
5.00	SUBPROVIDER - IRF	41.00	86,557	14,792		5.00
6.00	OPERATING ROOM	50.00	2,971,971	507,897		6.00
7.00	RECOVERY ROOM	51.00	369,273	63,107		7.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/28/2022 5:07 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	927,756	158,549	8.00
9.00	ANESTHESIOLOGY	53.00	322,867	55,177	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	749,949	128,163	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	32,849	5,614	11.00
12.00	RADIOISOTOPE	56.00	73,776	12,608	12.00
13.00	CT SCAN	57.00	1,027,716	175,632	13.00
14.00	MRI	58.00	245,426	41,942	14.00
15.00	CARDIAC CATHETERIZATION	59.00	1,596,877	272,899	15.00
16.00	LABORATORY	60.00	1,475,092	252,087	16.00
17.00	VASCULAR LAB	60.01	99,286	16,968	17.00
18.00	RESPIRATORY THERAPY	65.00	594,193	101,545	18.00
19.00	PHYSICAL THERAPY	66.00	184,185	31,476	19.00
20.00	ELECTROCARDIOLOGY	69.00	500,762	85,578	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	73,270	12,522	21.00
22.00	RENAL DIALYSIS	74.00	60,557	10,349	22.00
23.00	ASC (NON-DISTINCT PART)	75.00	1,423	243	23.00
24.00	CARDIAC REHABILITATION	76.97	43	7	24.00
25.00	CLINIC	90.00	153,518	26,236	25.00
26.00	EMERGENCY	91.00	1,341,200	229,205	26.00
0			18,348,255	3,135,636	
J - GROUP STIPEND RECLASS					
1.00	NON-ALLOWABLE COST	193.01	24,000	0	1.00
0			24,000	0	
K - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00		145,444,692	1.00
0				145,444,692	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		126,389,339	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
0				126,389,339	
M - LAB EXPENSE TRANSFER					
1.00	NON-ALLOWABLE COST	193.01	1,104,286	2,125,519	1.00
2.00		0.00	0	0	2.00
0			1,104,286	2,125,519	
N - PARAMED - MEDICAL TECH EXPENSE					
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	221,079	48,067	1.00
2.00	LABORATORY	60.00	0	500	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		221,079	48,567	
	P - SOCIAL WORKER				
1.00	SOCIAL SERVICE	17.00	2,209,292	838,823	1.00
2.00		0.00	0	0	2.00
	0		2,209,292	838,823	
	Q - COVID COST CENTER				
1.00	ADMINISTRATIVE & GENERAL	5.00	163,917	71,990	1.00
2.00	HOUSEKEEPING	9.00	59,203	26,001	2.00
3.00	NURSING ADMINISTRATION	13.00	695,256	305,347	3.00
4.00	PHARMACY	15.00	857	376	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	233,564	102,578	5.00
6.00	ADULTS & PEDIATRICS	30.00	2,193,744	963,463	6.00
7.00	INTENSIVE CARE UNIT	31.00	1,272,360	558,803	7.00
8.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	17,579	7,720	8.00
9.00	SUBPROVIDER - IPF	40.00	596	262	9.00
10.00	SUBPROVIDER - IRF	41.00	4,520	1,985	10.00
11.00	OPERATING ROOM	50.00	58,376	25,638	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	16,901	7,423	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	60,623	26,625	13.00
14.00	RADIOISOTOPE	56.00	3,081	1,353	14.00
15.00	LABORATORY	60.00	48,799	21,432	15.00
16.00	INTRAVENOUS THERAPY	64.00	46,682	20,502	16.00
17.00	RESPIRATORY THERAPY	65.00	11,508	5,054	17.00
18.00	PHYSICAL THERAPY	66.00	42,341	18,596	18.00
19.00	OCCUPATIONAL THERAPY	67.00	26,213	11,513	19.00
20.00	SPEECH PATHOLOGY	68.00	9,879	4,339	20.00
21.00	ASC (NON-DISTINCT PART)	75.00	1,280	562	21.00
22.00	CLINIC	90.00	23,518	10,329	22.00
23.00	EMERGENCY	91.00	821,623	360,846	23.00
24.00	NON-ALLOWABLE COST	193.01	1,036,815	455,355	24.00
	0		6,849,235	3,008,092	
500.00	Grand Total: Increases		68,047,520	374,084,352	500.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
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To 09/30/2021

Worksheet A-6

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,797,541	593,927	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	605,120	257,147	0		2.00
	0		2,402,661	851,074			
	B - TRANSPORTATION RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00		4,326,388	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
	0		0	4,326,388			
	C - LDRP ROOM CHARGES RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	709,191	301,909	0		1.00
	0		709,191	301,909			
	D - IMPLANT DEVICE RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		61,387,044	0		1.00
	0		0	61,387,044			
	E - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	6,915,859	11		1.00
	0		0	6,915,859			
	F - PART A BONUS RECLASS						
1.00	CLINIC	90.00	3,000	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,026,186	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	1,551,250	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
	0		2,580,436	0			
	G - PROVIDER BASED RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	33,102,470	19,226,540	0		1.00
	0		33,102,470	19,226,540			
	H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,960	2,557	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	171,563	29,319	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	37,011	6,325	0		3.00
4.00	SUBPROVIDER - IPF	40.00	2,423	414	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	49,379	8,439	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	20,100	3,435	0		6.00
7.00	RADIOISOTOPE	56.00	18,437	3,151	0		7.00
8.00	LABORATORY	60.00	138,205	23,619	0		8.00
9.00	VASCULAR LAB	60.01	7,648	1,307	0		9.00
10.00	PHYSICAL THERAPY	66.00	14,445	2,469	0		10.00
11.00	CLINIC	90.00	13,583	2,321	0		11.00
12.00	EMERGENCY	91.00	4,277	731	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	4,584	783	0		13.00
	0		496,615	84,870			
	I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00	I&R SERVICES-OTHER PRGM	22.00	12,550,691	2,144,859	0		1.00
	COSTS APPRV						
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	248,984	42,550	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	5,548,580	948,227	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

RECLASSIFICATIONS

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Period:
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To 09/30/2021

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
	0		18,348,255	3,135,636			
J - GROUP STIPEND RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	24,000	0	0		1.00
	0		24,000	0			
K - PHARMACY RECLASS							
1.00	PHARMACY	15.00		145,444,692	0		1.00
	0		0	145,444,692			
L - MEDICAL SUPPLIES RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		71	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		22,110	0		2.00
3.00	OPERATION OF PLANT	7.00		540	0		3.00
4.00	HOUSEKEEPING	9.00		399	0		4.00
5.00	NURSING ADMINISTRATION	13.00		314	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00		533,827	0		6.00
7.00	PHARMACY	15.00		17,522	0		7.00
8.00	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02		486	0		8.00
9.00	ADULTS & PEDIATRICS	30.00		2,368,656	0		9.00
10.00	INTENSIVE CARE UNIT	31.00		1,088,417	0		10.00
11.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01		18,619	0		11.00
12.00	SUBPROVIDER - IPF	40.00		578	0		12.00
13.00	SUBPROVIDER - IRF	41.00		14,283	0		13.00
14.00	OPERATING ROOM	50.00		73,334,501	0		14.00
15.00	RECOVERY ROOM	51.00		60,734	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00		349,151	0		16.00
17.00	ANESTHESIOLOGY	53.00		359,109	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00		8,300,110	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00		1,721	0		19.00
20.00	RADIOISOTOPE	56.00		7,735	0		20.00
21.00	CT SCAN	57.00		463,906	0		21.00
22.00	MRI	58.00		609,858	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00		31,118,399	0		23.00
24.00	LABORATORY	60.00		1,657,535	0		24.00
25.00	BLOOD STORING PROCESSING & TRANS.	63.00		1,358,034	0		25.00
26.00	INTRAVENOUS THERAPY	64.00		414,114	0		26.00
27.00	RESPIRATORY THERAPY	65.00		133,120	0		27.00
28.00	PHYSICAL THERAPY	66.00		297,952	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00		13,444	0		29.00
30.00	SPEECH PATHOLOGY	68.00		2,020	0		30.00
31.00	ELECTROCARDIOLOGY	69.00		503,183	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00		66,605	0		32.00
33.00	RENAL DIALYSIS	74.00		4,808	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00		111,578	0		34.00
35.00	CARDIAC REHABILITATION	76.97		1,337	0		35.00
36.00	CLINIC	90.00		2,760,788	0		36.00
37.00	EMERGENCY	91.00		393,775	0		37.00
	0		0	126,389,339			
M - LAB EXPENSE TRANSFER							
1.00	LABORATORY	60.00	987,937	1,905,175	0		1.00
2.00	BLOOD STORING PROCESSING & TRANS.	63.00	116,349	220,344	0		2.00
	0		1,104,286	2,125,519			

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet 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	
	N - PARAMED - MEDICAL TECH EXPENSE					
1.00	LABORATORY	60.00	197,991	43,043	0	1.00
2.00	BLOOD STORING PROCESSING & TRANS.	63.00	23,088	5,024	0	2.00
3.00	PARAMED ED PRGM-MEDICAL TECH	23.01	0	500	0	3.00
	0		221,079	48,567		
	P - SOCIAL WORKER					
1.00	ADMINISTRATIVE & GENERAL	5.00	2,001,267	795,384	0	1.00
2.00	CLINIC	90.00	208,025	43,439	0	2.00
	0		2,209,292	838,823		
	Q - COVID COST CENTER					
1.00	ADMINISTRATIVE & GENERAL	5.00	6,849,235	3,008,092	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
	0		6,849,235	3,008,092		
500.00	Grand Total: Decreases		68,047,520	374,084,352		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/28/2022 5:07 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	73,457,282	0	0	0	0	1.00	
2.00	Land Improvements	33,440,097	0	0	0	0	2.00	
3.00	Buildings and Fixtures	1,648,842,119	94,840,679	0	94,840,679	161,753	3.00	
4.00	Building Improvements	56,301,160	0	0	0	0	4.00	
5.00	Fixed Equipment	571,130,204	67,036,063	0	67,036,063	-174,986	5.00	
6.00	Movable Equipment	0	0	0	0	0	6.00	
7.00	HIT designated Assets	94,366,481	28,297,116	0	28,297,116	351,884	7.00	
8.00	Subtotal (sum of lines 1-7)	2,477,537,343	190,173,858	0	190,173,858	338,651	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,477,537,343	190,173,858	0	190,173,858	338,651	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	73,457,282	73,457,282					1.00
2.00	Land Improvements	33,440,097	17,667,504					
3.00	Buildings and Fixtures	1,743,521,045	224,327,554					
4.00	Building Improvements	56,301,160	28,380,555					4.00
5.00	Fixed Equipment	638,341,253	136,635,718					
6.00	Movable Equipment	0	0					
7.00	HIT designated Assets	122,311,713	36,766,712					7.00
8.00	Subtotal (sum of lines 1-7)	2,667,372,550	517,235,325					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	2,667,372,550	517,235,325					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet 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	51,565,187	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,716,572	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	87,281,759	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	51,565,187				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	35,716,572				2.00
3.00	Total (sum of lines 1-2)	0	87,281,759				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet 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	1,906,719,584	0	1,906,719,584	0.714831	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	760,652,966	0	760,652,966	0.285169	0	2.00
3.00	Total (sum of lines 1-2)	2,667,372,550	0	2,667,372,550	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	51,565,187	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	35,716,572	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	87,281,759	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	6,915,859	0	0	0	58,481,046	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	35,716,572	2.00
3.00	Total (sum of lines 1-2)	6,915,859	0	0	0	94,197,618	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/28/2022 5:07 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)	A	-97,724	ADMINISTRATIVE & GENERAL	5.00	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	-37,521,051			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/28/2022 5:07 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.02 APNS.; CRNAS, AND PAS SALARY	A	-406	ADULTS & PEDIATRICS	30.00	0	33.02
33.03 APNS.; CRNAS, AND PAS SALARY	A	-202,447	INTENSIVE CARE UNIT	31.00	0	33.03
33.04 APNS.; CRNAS, AND PAS SALARY	A	-10,016,536	OPERATING ROOM	50.00	0	33.04
33.05 APNS.; CRNAS, AND PAS SALARY	A	-103,186	MRI	58.00	0	33.05
33.06 APNS.; CRNAS, AND PAS SALARY	A	-318,357	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07 APNS.; CRNAS, AND PAS SALARY	A	-867,002	CARDIAC CATHETERIZATION	59.00	0	33.07
33.09 APNS.; CRNAS, AND PAS SALARY	A	-150,972	PHYSICAL THERAPY	66.00	0	33.09
33.11 APNS.; CRNAS, AND PAS SALARY	A	-172,298	CLINIC	90.00	0	33.11
33.12 APNS.; CRNAS, AND PAS SALARY	A	-1,623,986	EMERGENCY	91.00	0	33.12
33.13 APNS.; CRNAS, AND PAS SALARY	A	-368,785	ANESTHESIOLOGY	53.00	0	33.13
33.14 APNS.; CRNAS, AND PAS SALARY	A	-488	CT SCAN	57.00	0	33.14
33.15 APNS.; CRNAS, AND PAS SALARY	A	-128,331	LABORATORY	60.00	0	33.15
34.00 LOBBYING DUES	A	-242,040	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 MEDICAID TAX ASSESSMENT	A	-55,157,453	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 RESEARCH INSTITUTE EXPENSE	A	26,640,637	RESEARCH	191.00	0	36.00
37.00 OTHER REVENUE OFFSET_TUITION	B	-97,090	PARAMED ED PRGM-MEDICAL TECH	23.01	0	37.00
37.01 OTHER REVENUE OFFSET_TUITION	B	-914,175	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0	37.01
37.02 OTHER REVENUE OFFSET_TUITION	B	-43,915	EMERGENCY	91.00	0	37.02
37.04 OTHER REVENUE OFFSET_TUITION	B	-15,300	CLINIC	90.00	0	37.04
37.05 OTHER REVENUE OFFSET_TUITION	B	-433,279	ANESTHESIOLOGY	53.00	0	37.05
37.06 OTHER REVENUE OFFSET_TUITION	B	-500	CENTRAL SERVICES & SUPPLY	14.00	0	37.06
38.00 NON-ALLOWABLE CORPORATE EXPENSES	A	-6,913	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01 NON-ALLOWABLE CORPORATE EXPENSES	A	-7,243,347	ADMINISTRATIVE & GENERAL	5.00	0	38.01
38.02 NON-ALLOWABLE CORPORATE EXPENSES	A	-652	NURSING ADMINISTRATION	13.00	0	38.02
38.03 NON-ALLOWABLE CORPORATE EXPENSES	A	-800,467	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	38.03
38.04 NON-ALLOWABLE CORPORATE EXPENSES	A	-120	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0	38.04
38.05 NON-ALLOWABLE CORPORATE EXPENSES	A	-1,128	ADULTS & PEDIATRICS	30.00	0	38.05
38.06 NON-ALLOWABLE CORPORATE EXPENSES	A	-148	OPERATING ROOM	50.00	0	38.06
38.07 NON-ALLOWABLE CORPORATE EXPENSES	A	-1,369	ANESTHESIOLOGY	53.00	0	38.07
38.08 NON-ALLOWABLE CORPORATE EXPENSES	A	-25	RADIOLOGY-DIAGNOSTIC	54.00	0	38.08
38.09 NON-ALLOWABLE CORPORATE EXPENSES	A	-1,429	RADIOLOGY-THERAPEUTIC	55.00	0	38.09
38.10 NON-ALLOWABLE CORPORATE EXPENSES	A	-2,059	LABORATORY	60.00	0	38.10
38.11 NON-ALLOWABLE CORPORATE EXPENSES	A	-120	PHYSICAL THERAPY	66.00	0	38.11
38.12 NON-ALLOWABLE CORPORATE EXPENSES	A	-200,493	CLINIC	90.00	0	38.12
38.13 NON-ALLOWABLE CORPORATE EXPENSES	A	-96	EMERGENCY	91.00	0	38.13
38.14 NON-ALLOWABLE CORPORATE EXPENSES	A	-724	HOME HEALTH AGENCY	101.00	0	38.14
40.00 OTHER REVENUE OFFSET_CAFETERIA AND D	B	-2,686,956	CAFETERIA	11.00	0	40.00
40.02 OTHER REVENUE OFFSET_CAFETERIA AND D	B	-8,378	DIETARY	10.00	0	40.02
41.00 OTHER REVENUE OFFSET_OTHERS	B	-2,717,474	ADMINISTRATIVE & GENERAL	5.00	0	41.00
41.01 OTHER REVENUE OFFSET_OTHERS	B	-629,474	OPERATION OF PLANT	7.00	0	41.01
41.02 OTHER REVENUE OFFSET_OTHERS	B	-85,237	NURSING ADMINISTRATION	13.00	0	41.02
41.03 OTHER REVENUE OFFSET_OTHERS	B	-193,020	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	41.03
41.04 OTHER REVENUE OFFSET_OTHERS	B	-63,970	ADULTS & PEDIATRICS	30.00	0	41.04
41.05 OTHER REVENUE OFFSET_OTHERS	B	-1,860	DELIVERY ROOM & LABOR ROOM	52.00	0	41.05
41.06 OTHER REVENUE OFFSET_OTHERS	B	-246,933	RADIOLOGY-DIAGNOSTIC	54.00	0	41.06
41.08 OTHER REVENUE OFFSET_OTHERS	B	-15,289	PHYSICAL THERAPY	66.00	0	41.08
41.09 OTHER REVENUE OFFSET_OTHERS	B	-2,454	CARDIAC REHABILITATION	76.97	0	41.09
41.10 OTHER REVENUE OFFSET_OTHERS	B	-763,887	CLINIC	90.00	0	41.10
41.11 OTHER REVENUE OFFSET_OTHERS	B	-37,183	EMERGENCY	91.00	0	41.11

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/28/2022 5:07 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	
41.12	OTHER REVENUE OFFSET_OTHERS	B		8CENTRAL SERVICES & SUPPLY	14.00	0	41.12
42.00	CORPORATE INTEGRATION COSTS (LEGAL E	A	-5,250,862	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	HOSPICE ADJUSTMENT (ADDTL EXPENSE)	A	15,710	HOSPICE	116.00	0	43.00
44.00	ADDITIONAL NON-ALLOWABLE (RSM REVIEW	A	-315,390	ADMINISTRATIVE & GENERAL	5.00	0	44.00
46.01	PATHOLOGY GROUP STIPEND_ADMIN AND TE	A	1,690,119	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	46.01
46.02	PATHOLOGY GROUP STIPEND_ADMIN AND TE	A	2,899,194	LABORATORY	60.00	0	46.02
47.00	HOSPICE ADJUSTMENT	A	-10,632	HOSPICE	116.00	0	47.00
48.00	COVID INSURANCE	B	-1,000,000	ADMINISTRATIVE & GENERAL	5.00	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-99,517,742				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/28/2022 5:07 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	148,685	0	148,685	197,500	395	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	18,149	0	18,149	211,500	144	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	3,513	0	3,513	179,000	48	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	158,602	0	158,602	197,500	749	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	9,953	0	9,953	246,400	144	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	30,103	0	30,103	169,700	271	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	1,756	0	1,756	271,900	48	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	113	0	113	181,300	1	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	7,025	0	7,025	239,400	96	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	2,927	0	2,927	260,300	48	10.00
11.00	30.00	ADULTS & PEDIATRICS	88,670	0	88,670	197,500	665	11.00
12.00	40.00	SUBPROVIDER - IPF	10,326	0	10,326	179,000	56	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	179,603	0	179,603	271,900	560	13.00
14.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	3,944,312	3,944,312	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	232,615	232,615	0	0	0	15.00
16.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,953,245	2,953,245	0	0	0	16.00
17.00	30.00	ADULTS & PEDIATRICS	24,788,610	24,788,610	0	0	0	17.00
18.00	31.00	INTENSIVE CARE UNIT	2,887,161	2,887,161	0	0	0	18.00
19.00	90.00	CLINIC	151,467	151,467	0	0	0	19.00
20.00	91.00	EMERGENCY	2,216,020	2,216,020	0	0	0	20.00
200.00			37,832,855	37,173,430	659,425		3,225	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/28/2022 5:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	37,506	1,875	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	14,642	732	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	4,131	207	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	71,119	3,556	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	17,059	853	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	22,110	1,106	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	6,275	314	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	87	4	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	11,049	552	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	6,007	300	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	63,143	3,157	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	4,819	241	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	73,204	3,660	0	0	0	13.00
14.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	15.00
16.00	22.00	I&R SERVICES-OTHER PRGM	0	0	0	0	0	16.00
		COSTS APPRV						
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	17.00
18.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	18.00
19.00	90.00	CLINIC	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
200.00			331,151	16,557	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/28/2022 5:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	37,506	111,179	111,179		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	14,642	3,507	3,507		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	4,131	0	0		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	71,119	87,483	87,483		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	17,059	0	0		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	22,110	7,993	7,993		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	6,275	0	0		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	87	26	26		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	11,049	0	0		9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	6,007	0	0		10.00
11.00	30.00	ADULTS & PEDIATRICS	0	63,143	25,527	25,527		11.00
12.00	40.00	SUBPROVIDER - IPF	0	4,819	5,507	5,507		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	73,204	106,399	106,399		13.00
14.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,944,312		14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	232,615		15.00
16.00	22.00	I&R SERVICES-OTHER PRGM	0	0	0	2,953,245		16.00
		COSTS APPRV						
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	24,788,610		17.00
18.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,887,161		18.00
19.00	90.00	CLINIC	0	0	0	151,467		19.00
20.00	91.00	EMERGENCY	0	0	0	2,216,020		20.00
200.00			0	331,151	347,621	37,521,051		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	58,481,046	58,481,046			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	35,716,572	35,716,572			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	38,854,604	496,663	1,301	39,352,568	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	266,048,238	17,723,208	19,206,390	8,431,593	311,409,429
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	57,194,077	13,806,683	105,533	210,942	71,317,235
8.00	00800	LAUNDRY & LINEN SERVICE	3,541,273	93,653	0	0	3,634,926
9.00	00900	HOUSEKEEPING	15,150,627	415,092	250,415	3,972	15,820,106
10.00	01000	DIETARY	13,211,477	530,421	131,538	0	13,873,436
11.00	01100	CAFETERIA	562,310	446,745	12,721	0	1,021,776
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	9,406,987	125,363	496,141	420,408	10,448,899
14.00	01400	CENTRAL SERVICES & SUPPLY	16,878,601	0	0	518,609	17,397,210
15.00	01500	PHARMACY	20,911,021	0	0	1,048,892	21,959,913
16.00	01600	MEDICAL RECORDS & LIBRARY	5,383,540	198,080	0	224,510	5,806,130
17.00	01700	SOCIAL SERVICE	3,148,526	82,865	0	141,546	3,372,937
18.00	01800	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	31,888,022	660,972	8,598	853,310	33,410,902
23.00	02300	PARAMED ED PRGM- PHARMACY	1,615,481	15,990	0	80,601	1,712,072
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	183,262	21,178	0	13,679	218,119
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,137	0	43,072	44,209
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,225,464	3,848,441	604,295	6,335,306	120,013,506
31.00	03100	INTENSIVE CARE UNIT	28,724,161	642,338	242,922	1,483,364	31,092,785
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	10,281,610	139,747	47,983	499,442	10,968,782
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	6,293,750	245,496	367	310,739	6,850,352
41.00	04100	SUBPROVIDER - IRF	2,401,658	120,758	12,457	113,775	2,648,648
43.00	04300	NURSERY	3,253,735	30,062	0	148,660	3,432,457
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,623,706	1,678,504	4,634,134	2,142,800	51,079,144
51.00	05100	RECOVERY ROOM	7,097,013	260,363	28,342	340,361	7,726,079
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,893,127	606,506	88,257	528,580	13,116,470
53.00	05300	ANESTHESIOLOGY	4,857,187	70,215	325,694	157,446	5,410,542
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,390,495	1,695,660	2,471,835	1,995,766	48,553,756
55.00	05500	RADIOLOGY-THERAPEUTIC	6,308,029	305,818	432,688	252,754	7,299,289
56.00	05600	RADIOISOTOPE	6,965,794	278,599	152,157	199,662	7,596,212
57.00	05700	CT SCAN	7,923,467	151,317	376,825	312,227	8,763,836
58.00	05800	MRI	6,586,277	312,826	519,385	309,329	7,727,817
59.00	05900	CARDIAC CATHETERIZATION	8,786,639	331,445	575,097	419,744	10,112,925
60.00	06000	LABORATORY	66,370,551	856,422	1,339,249	1,572,637	70,138,859
60.01	06001	VASCULAR LAB	2,189,977	59,299	12,125	110,825	2,372,226
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,022,901	43,437	60,855	71,461	2,198,654
64.00	06400	INTRAVENOUS THERAPY	3,028,185	4,307	17,383	132,700	3,182,575
65.00	06500	RESPIRATORY THERAPY	11,807,716	65,667	266,231	481,342	12,620,956
66.00	06600	PHYSICAL THERAPY	30,755,603	1,030,481	61,744	1,496,462	33,344,290
67.00	06700	OCCUPATIONAL THERAPY	3,726,570	55,248	0	187,861	3,969,679
68.00	06800	SPEECH PATHOLOGY	1,313,385	30,815	0	66,279	1,410,479
69.00	06900	ELECTROCARDIOLOGY	7,215,097	313,636	330,966	330,994	8,190,693
70.00	07000	ELECTROENCEPHALOGRAPHY	2,937,519	15,678	183,526	124,640	3,261,363
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,002,295	242,597	91,722	0	65,336,614
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,387,044	394,141	149,016	0	61,930,201
73.00	07300	DRUGS CHARGED TO PATIENTS	145,444,692	238,858	7,045	0	145,690,595
74.00	07400	RENAL DIALYSIS	2,828,254	43,678	0	3,761	2,875,693
75.00	07500	ASC (NON-DISTINCT PART)	10,073,192	719,944	19,526	464,835	11,277,497
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	752,235	72,219	4,777	37,012	866,243
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	113,576,151	5,214,674	1,497,007	3,793,051	124,080,883
91.00	09100	EMERGENCY	27,217,192	779,555	110,528	1,405,493	29,512,768
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	14,685,365	128,831	0	555,363	15,369,559	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	7,289,819	57,067	0	248,447	7,595,333	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,463,411,519	55,702,699	34,876,775	38,624,252	1,459,065,059	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	26,640,637	406,933	360,095	0	27,407,665	191.00
193.01	19301 NON-ALLOWABLE COST	124,469,902	2,371,414	479,702	728,316	128,049,334	193.01
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,614,522,058	58,481,046	35,716,572	39,352,568	1,614,522,058	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	311,409,429					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	17,043,535	0	88,360,770			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	868,682	0	312,811	4,816,419		8.00
9.00	00900	HOUSEKEEPING	3,780,721	0	1,386,450	9,334	20,996,611	9.00
10.00	01000	DIETARY	3,315,501	0	1,771,660	0	429,243	10.00
11.00	01100	CAFETERIA	244,186	0	1,492,177	0	361,529	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,497,099	0	418,727	0	101,450	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,157,620	0	0	0	0	14.00
15.00	01500	PHARMACY	5,248,024	0	0	6,558	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,387,561	0	661,607	0	160,296	16.00
17.00	01700	SOCIAL SERVICE	806,071	0	276,777	0	67,058	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,984,604	0	2,207,715	0	534,892	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	409,154	0	53,409	0	12,940	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	52,127	0	70,737	0	17,138	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	3,798	0	920	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,681,068	0	12,854,196	1,437,860	3,114,353	30.00
31.00	03100	INTENSIVE CARE UNIT	7,430,616	0	2,145,476	193,716	519,812	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,621,341	0	466,771	55,764	113,091	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,637,111	0	819,983	27,619	198,668	40.00
41.00	04100	SUBPROVIDER - IRF	632,979	0	403,345	51,744	97,724	41.00
43.00	04300	NURSERY	820,295	0	100,409	37,001	24,327	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,206,996	0	5,606,380	419,502	1,358,330	50.00
51.00	05100	RECOVERY ROOM	1,846,394	0	869,641	152,646	210,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,134,600	0	2,025,792	193,811	490,815	52.00
53.00	05300	ANESTHESIOLOGY	1,293,022	0	234,525	0	56,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,603,474	0	5,663,681	291,076	1,372,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,744,399	0	1,021,465	70,124	247,484	55.00
56.00	05600	RADIOISOTOPE	1,815,358	0	930,551	56,004	225,457	56.00
57.00	05700	CT SCAN	2,094,399	0	505,415	220,712	122,454	57.00
58.00	05800	MRI	1,846,809	0	1,044,870	120,384	253,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,416,807	0	1,107,062	108,753	268,222	59.00
60.00	06000	LABORATORY	16,761,925	0	2,860,539	7,419	693,060	60.00
60.01	06001	VASCULAR LAB	566,919	0	198,064	0	47,988	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	525,439	0	145,083	239	35,151	63.00
64.00	06400	INTRAVENOUS THERAPY	760,578	0	14,385	0	3,485	64.00
65.00	06500	RESPIRATORY THERAPY	3,016,181	0	219,333	0	53,141	65.00
66.00	06600	PHYSICAL THERAPY	7,968,685	0	3,441,914	57,966	833,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	948,682	0	184,534	0	44,709	67.00
68.00	06800	SPEECH PATHOLOGY	337,079	0	102,925	0	24,937	68.00
69.00	06900	ELECTROCARDIOLOGY	1,957,428	0	1,047,576	46,813	253,810	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	779,407	0	52,365	0	12,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,614,275	0	810,298	0	196,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,800,203	0	1,316,473	0	318,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,816,962	0	797,812	0	193,296	73.00
74.00	07400	RENAL DIALYSIS	687,239	0	145,890	9,621	35,347	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,695,119	0	2,404,687	240,912	582,615	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	207,016	0	241,219	431	58,443	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,653,098	0	17,417,556	299,357	4,219,980	90.00
91.00	09100	EMERGENCY	7,053,020	0	2,603,796	699,856	630,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,673,048	0	430,310	0	104,257	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,815,148	0	190,611	0	46,182	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274,258,004	0	79,080,800	4,815,222	18,748,232	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	6,549,939	0	1,359,200	0	329,311	191.00
193.01	19301	NON-ALLOWABLE COST	30,601,486	0	7,920,770	1,197	1,919,068	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	311,409,429	0	88,360,770	4,816,419	20,996,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	19,389,840					10.00
11.00	01100	CAFETERIA	0	3,119,668				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	40,253	0	13,506,428		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	21,554,830	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,357	0	0	369	16.00
17.00	01700	SOCIAL SERVICE	0	15,554	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	58,204	0	51,000	327	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	11,101	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,522	0	0	192	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,331	0	0	146	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,815,547	660,455	0	4,674,974	3,484,764	30.00
31.00	03100	INTENSIVE CARE UNIT	1,224,075	128,808	0	1,393,993	1,138,596	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	19,555	46,973	0	586,497	276,614	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	955,095	36,786	0	203,999	23,516	40.00
41.00	04100	SUBPROVIDER - IRF	414,617	14,384	0	110,499	57,010	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,074	188,890	0	985,995	3,986,872	50.00
51.00	05100	RECOVERY ROOM	2,519	29,311	0	356,998	143,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	707,969	66,236	0	679,996	605,993	52.00
53.00	05300	ANESTHESIOLOGY	0	21,595	0	51,000	937,204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,366	234,523	0	254,999	644,048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,416	20,331	0	17,000	8,031	55.00
56.00	05600	RADIOISOTOPE	11,588	19,137	0	0	29,572	56.00
57.00	05700	CT SCAN	43,046	26,049	0	0	191,584	57.00
58.00	05800	MRI	17,319	29,587	0	34,000	89,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,894	31,341	0	254,999	366,876	59.00
60.00	06000	LABORATORY	12,249	211,215	0	8,500	2,009,800	60.00
60.01	06001	VASCULAR LAB	0	9,907	0	0	4,032	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	10,245	0	0	52,954	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,966	0	186,999	204,605	64.00
65.00	06500	RESPIRATORY THERAPY	1,291	52,080	0	0	371,417	65.00
66.00	06600	PHYSICAL THERAPY	0	174,713	0	8,500	346,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,014	0	0	2,385	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,610	0	0	175	68.00
69.00	06900	ELECTROCARDIOLOGY	11,903	34,561	0	118,999	119,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,934	0	0	12,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,408	0	0	736,575	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	46,153	0	0	1,196,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,617	0	0	309,649	73.00
74.00	07400	RENAL DIALYSIS	7,526	2	0	0	40,574	74.00
75.00	07500	ASC (NON-DISTINCT PART)	287,180	52,952	0	501,497	363,062	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,110	4,879	0	25,500	6,787	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	248,575	245,711	0	1,070,994	1,852,508	90.00
91.00	09100	EMERGENCY	405,926	139,316	0	1,351,493	1,573,925	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	57,986	0	373,998	1,749	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	26,202	0	178,499	375	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,389,840	2,961,199	0	13,480,928	21,189,991	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	92,591	0	0	24,306	191.00
193.01	19301	NON-ALLOWABLE COST	0	65,878	0	25,500	340,533	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,389,840	3,119,668	0	13,506,428	21,554,830	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	27,214,495					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,048,320				16.00
17.00	01700	SOCIAL SERVICE	44	0	4,538,441			17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	579,071	2,693,756	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	168	142,303	313,030	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	165	81,171	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2	30,486	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1	12,147	46,966	0	0	41.00
43.00	04300	NURSERY	0	19,805	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	369	803,814	0	0	0	50.00
51.00	05100	RECOVERY ROOM	34	176,455	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	195	110,471	38,009	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,441	123,810	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,165	461,715	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67	147,933	0	0	0	55.00
56.00	05600	RADIOISOTOPE	201	133,780	0	0	0	56.00
57.00	05700	CT SCAN	24,498	493,332	0	0	0	57.00
58.00	05800	MRI	13,988	290,273	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,859	278,252	31,310	0	0	59.00
60.00	06000	LABORATORY	1,338	675,640	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	46,955	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,425	18,894	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,543	18,755	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,836	85,099	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	171	163,754	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6	19,940	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,151	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,761	235,212	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	18,627	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18	268,392	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29	436,046	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,978,308	1,089,182	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1	8,711	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6	43,369	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1	4,076	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	58,387	448,079	386,941	0	0	90.00
91.00	09100	EMERGENCY	926	530,230	78,276	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	610	25,119	156,552	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 10/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	71,537	19,271	793,601	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,244,119	8,048,320	4,538,441	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	10,642	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	8,959,734	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,214,495	8,048,320	4,538,441	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING PROGRAM	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			20.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	SPECIFY SERVICE						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			44,247,662			22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				2,198,676		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					359,835	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI						23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	22,574,824	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	1,002,673	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,057,212	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	50,343	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,759,178	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,502,487	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,535,474	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	377,576	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	0	0	0	59.00
60.00	06000	LABORATORY	0	0	2,789,864	0	359,835	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,470,447	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	2,198,676	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	419,528	0	0	90.00
91.00	09100	EMERGENCY	0	0	2,708,056	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
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Cost Center Description			NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				20.00	21.00	22.00	23.00	23.01
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	44,247,662	2,198,676	359,835	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
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	0	44,247,662	2,198,676	359,835	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part 1
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Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM- PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	51,404				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	215,584,374	-22,574,824	193,009,550	30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,723,378	0	45,723,378	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	16,239,397	-1,002,673	15,236,724	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	11,840,829	-1,057,212	10,783,617	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,540,407	-50,343	4,490,064	41.00
43.00	04300	NURSERY	0	4,434,294	0	4,434,294	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	84,450,544	-7,759,178	76,691,366	50.00
51.00	05100	RECOVERY ROOM	0	11,514,082	0	11,514,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,170,357	0	21,170,357	52.00
53.00	05300	ANESTHESIOLOGY	51,404	10,731,851	-2,502,487	8,229,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,725,491	-1,535,474	69,190,017	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,959,115	-377,576	10,581,539	55.00
56.00	05600	RADIOISOTOPE	0	10,817,860	0	10,817,860	56.00
57.00	05700	CT SCAN	0	12,485,325	0	12,485,325	57.00
58.00	05800	MRI	0	11,467,867	0	11,467,867	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,031,300	0	15,031,300	59.00
60.00	06000	LABORATORY	0	96,530,243	-2,789,864	93,740,379	60.00
60.01	06001	VASCULAR LAB	0	3,246,091	0	3,246,091	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,991,084	0	2,991,084	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,389,891	0	4,389,891	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,421,334	0	16,421,334	65.00
66.00	06600	PHYSICAL THERAPY	0	46,339,910	0	46,339,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,189,949	0	5,189,949	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,890,356	0	1,890,356	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,494,328	-1,470,447	12,023,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,150,308	0	4,150,308	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,990,901	0	82,990,901	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,044,748	0	80,044,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	203,173,097	0	203,173,097	73.00
74.00	07400	RENAL DIALYSIS	0	3,810,604	0	3,810,604	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	18,448,896	0	18,448,896	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,416,705	0	1,416,705	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	180,401,597	-419,528	179,982,069	90.00
91.00	09100	EMERGENCY	0	47,288,444	-2,708,056	44,580,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	20,193,188	0	20,193,188	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

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From 10/01/2020
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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	10,736,759	0	10,736,759	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,404	1,400,864,904	-44,247,662	1,356,617,242	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	35,773,654	0	35,773,654	191.00
193.01	19301	NON-ALLOWABLE COST	0	177,883,500	0	177,883,500	193.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	51,404	1,614,522,058	-44,247,662	1,570,274,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
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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	496,663	1,301	497,964	497,964
5.00	00500	ADMINISTRATIVE & GENERAL	0	17,723,208	19,206,390	36,929,598	106,664
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	13,806,683	105,533	13,912,216	2,669
8.00	00800	LAUNDRY & LINEN SERVICE	0	93,653	0	93,653	0
9.00	00900	HOUSEKEEPING	0	415,092	250,415	665,507	50
10.00	01000	DIETARY	0	530,421	131,538	661,959	0
11.00	01100	CAFETERIA	0	446,745	12,721	459,466	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	125,363	496,141	621,504	5,320
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	6,563
15.00	01500	PHARMACY	0	0	0	0	13,274
16.00	01600	MEDICAL RECORDS & LIBRARY	0	198,080	0	198,080	2,841
17.00	01700	SOCIAL SERVICE	0	82,865	0	82,865	1,791
18.00	01800	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	660,972	8,598	669,570	10,799
23.00	02300	PARAMED ED PRGM- PHARMACY	0	15,990	0	15,990	1,020
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	21,178	0	21,178	173
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,137	0	1,137	545
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,848,441	604,295	4,452,736	80,173
31.00	03100	INTENSIVE CARE UNIT	0	642,338	242,922	885,260	18,772
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	139,747	47,983	187,730	6,320
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	245,496	367	245,863	3,932
41.00	04100	SUBPROVIDER - IRF	0	120,758	12,457	133,215	1,440
43.00	04300	NURSERY	0	30,062	0	30,062	1,881
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,678,504	4,634,134	6,312,638	27,117
51.00	05100	RECOVERY ROOM	0	260,363	28,342	288,705	4,307
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	606,506	88,257	694,763	6,689
53.00	05300	ANESTHESIOLOGY	0	70,215	325,694	395,909	1,992
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,695,660	2,471,835	4,167,495	25,256
55.00	05500	RADIOLOGY-THERAPEUTIC	0	305,818	432,688	738,506	3,199
56.00	05600	RADIOISOTOPE	0	278,599	152,157	430,756	2,527
57.00	05700	CT SCAN	0	151,317	376,825	528,142	3,951
58.00	05800	MRI	0	312,826	519,385	832,211	3,915
59.00	05900	CARDIAC CATHETERIZATION	0	331,445	575,097	906,542	5,312
60.00	06000	LABORATORY	0	856,422	1,339,249	2,195,671	19,902
60.01	06001	VASCULAR LAB	0	59,299	12,125	71,424	1,402
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	43,437	60,855	104,292	904
64.00	06400	INTRAVENOUS THERAPY	0	4,307	17,383	21,690	1,679
65.00	06500	RESPIRATORY THERAPY	0	65,667	266,231	331,898	6,091
66.00	06600	PHYSICAL THERAPY	0	1,030,481	61,744	1,092,225	18,938
67.00	06700	OCCUPATIONAL THERAPY	0	55,248	0	55,248	2,377
68.00	06800	SPEECH PATHOLOGY	0	30,815	0	30,815	839
69.00	06900	ELECTROCARDIOLOGY	0	313,636	330,966	644,602	4,189
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,678	183,526	199,204	1,577
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	242,597	91,722	334,319	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	394,141	149,016	543,157	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	238,858	7,045	245,903	0
74.00	07400	RENAL DIALYSIS	0	43,678	0	43,678	48
75.00	07500	ASC (NON-DISTINCT PART)	0	719,944	19,526	739,470	5,882
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	72,219	4,777	76,996	468
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,214,674	1,497,007	6,711,681	48,001
91.00	09100	EMERGENCY	0	779,555	110,528	890,083	17,786
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	128,831	0	128,831	7,028

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	57,067	0	57,067	3,144	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	55,702,699	34,876,775	90,579,474	488,747	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	406,933	360,095	767,028	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	2,371,414	479,702	2,851,116	9,217	193.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	58,481,046	35,716,572	94,197,618	497,964	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	37,036,262					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,026,978	0	15,941,863			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103,312	0	56,437	253,402		8.00
9.00	00900	HOUSEKEEPING	449,639	0	250,140	491	1,365,827	9.00
10.00	01000	DIETARY	394,311	0	319,639	0	27,922	10.00
11.00	01100	CAFETERIA	29,041	0	269,215	0	23,517	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	296,979	0	75,546	0	6,599	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	494,464	0	0	0	0	14.00
15.00	01500	PHARMACY	624,145	0	0	345	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	165,022	0	119,366	0	10,427	16.00
17.00	01700	SOCIAL SERVICE	95,866	0	49,936	0	4,362	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	949,605	0	398,311	0	34,795	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	48,661	0	9,636	0	842	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	6,199	0	12,762	0	1,115	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	685	0	60	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,411,024	0	2,319,127	75,648	202,588	30.00
31.00	03100	INTENSIVE CARE UNIT	883,719	0	387,082	10,192	33,814	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	311,755	0	84,214	2,934	7,357	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	194,701	0	147,940	1,453	12,923	40.00
41.00	04100	SUBPROVIDER - IRF	75,280	0	72,771	2,722	6,357	41.00
43.00	04300	NURSERY	97,557	0	18,116	1,947	1,582	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,451,771	0	1,011,491	22,071	88,359	50.00
51.00	05100	RECOVERY ROOM	219,591	0	156,899	8,031	13,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	372,796	0	365,489	10,197	31,927	52.00
53.00	05300	ANESTHESIOLOGY	153,778	0	42,312	0	3,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,379,995	0	1,021,829	15,314	89,262	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	207,460	0	184,291	3,689	16,099	55.00
56.00	05600	RADIOISOTOPE	215,900	0	167,888	2,946	14,666	56.00
57.00	05700	CT SCAN	249,086	0	91,186	11,612	7,966	57.00
58.00	05800	MRI	219,640	0	188,513	6,334	16,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	287,430	0	199,734	5,722	17,448	59.00
60.00	06000	LABORATORY	1,993,487	0	516,092	390	45,083	60.00
60.01	06001	VASCULAR LAB	67,423	0	35,734	0	3,122	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	62,490	0	26,175	13	2,287	63.00
64.00	06400	INTRAVENOUS THERAPY	90,455	0	2,595	0	227	64.00
65.00	06500	RESPIRATORY THERAPY	358,713	0	39,572	0	3,457	65.00
66.00	06600	PHYSICAL THERAPY	947,711	0	620,983	3,050	54,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	112,826	0	33,293	0	2,908	67.00
68.00	06800	SPEECH PATHOLOGY	40,089	0	18,570	0	1,622	68.00
69.00	06900	ELECTROCARDIOLOGY	232,796	0	189,001	2,463	16,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,694	0	9,448	0	825	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,856,997	0	146,192	0	12,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,760,180	0	237,515	0	20,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,141,267	0	143,940	0	12,574	73.00
74.00	07400	RENAL DIALYSIS	81,733	0	26,321	506	2,299	74.00
75.00	07500	ASC (NON-DISTINCT PART)	320,529	0	433,849	12,675	37,899	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	24,620	0	43,520	23	3,802	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,526,627	0	3,142,438	15,750	274,510	90.00
91.00	09100	EMERGENCY	838,812	0	469,771	36,821	41,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	436,834	0	77,636	0	6,782	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	215,875	0	34,390	0	3,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,617,863	0	14,267,590	253,339	1,219,570	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
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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	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	778,981	0	245,224	0	21,422	191.00
193.01	19301	NON-ALLOWABLE COST	3,639,418	0	1,429,049	63	124,835	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,036,262	0	15,941,863	253,402	1,365,827	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,403,831					10.00
11.00	01100	CAFETERIA	0	781,239				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	10,080	0	1,016,028		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	501,027	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,103	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,895	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	14,576	0	3,836	8	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	2,780	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	381	0	0	4	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	584	0	0	3	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,072,652	165,398	0	351,680	81,004	30.00
31.00	03100	INTENSIVE CARE UNIT	88,623	32,256	0	104,864	26,467	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	1,416	11,763	0	44,120	6,430	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	69,149	9,212	0	15,346	547	40.00
41.00	04100	SUBPROVIDER - IRF	30,018	3,602	0	8,312	1,325	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,987	47,302	0	74,172	92,658	50.00
51.00	05100	RECOVERY ROOM	182	7,340	0	26,855	3,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,257	16,587	0	51,153	14,086	52.00
53.00	05300	ANESTHESIOLOGY	0	5,408	0	3,836	21,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,470	58,730	0	19,182	14,971	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	392	5,091	0	1,279	187	55.00
56.00	05600	RADIOISOTOPE	839	4,792	0	0	687	56.00
57.00	05700	CT SCAN	3,117	6,523	0	0	4,453	57.00
58.00	05800	MRI	1,254	7,409	0	2,558	2,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,757	7,848	0	19,182	8,528	59.00
60.00	06000	LABORATORY	887	52,893	0	639	46,718	60.00
60.01	06001	VASCULAR LAB	0	2,481	0	0	94	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,566	0	0	1,231	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,247	0	14,067	4,756	64.00
65.00	06500	RESPIRATORY THERAPY	93	13,042	0	0	8,634	65.00
66.00	06600	PHYSICAL THERAPY	0	43,752	0	639	8,043	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,012	0	0	55	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,655	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	862	8,655	0	8,952	2,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,239	0	0	300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,114	0	0	17,122	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,558	0	0	27,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,696	0	0	7,198	73.00
74.00	07400	RENAL DIALYSIS	545	1	0	0	943	74.00
75.00	07500	ASC (NON-DISTINCT PART)	20,792	13,260	0	37,725	8,439	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	153	1,222	0	1,918	158	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,997	61,531	0	80,566	43,062	90.00
91.00	09100	EMERGENCY	29,389	34,888	0	101,667	36,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	14,521	0	28,134	41	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,562	0	13,428	9	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,403,831	741,555	0	1,014,110	492,546	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	23,187	0	0	565	191.00
193.01	19301	NON-ALLOWABLE COST	0	16,497	0	1,918	7,916	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,403,831	781,239	0	1,016,028	501,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	637,764					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	503,848				16.00
17.00	01700	SOCIAL SERVICE	1	0	238,716			17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,096	141,689	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4	8,870	16,465	0		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	4	5,060	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	0	1,900	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	757	2,470	0		41.00
43.00	04300	NURSERY	0	1,235	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9	50,105	0	0		50.00
51.00	05100	RECOVERY ROOM	1	10,999	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	6,886	1,999	0		52.00
53.00	05300	ANESTHESIOLOGY	1,159	7,718	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	496	28,781	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	9,221	0	0		55.00
56.00	05600	RADIOISOTOPE	5	8,339	0	0		56.00
57.00	05700	CT SCAN	574	30,751	0	0		57.00
58.00	05800	MRI	328	18,094	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	67	17,345	1,647	0		59.00
60.00	06000	LABORATORY	31	42,115	0	0		60.00
60.01	06001	VASCULAR LAB	0	2,927	0	0		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	104	1,178	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	130	1,169	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	43	5,305	0	0		65.00
66.00	06600	PHYSICAL THERAPY	4	10,207	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,243	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	508	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	182	14,662	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,161	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,730	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1	27,181	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	421,296	70,056	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	543	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,703	0	0		75.00
76.00	03950	BLANK	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	254	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,368	27,931	20,353	0		90.00
91.00	09100	EMERGENCY	22	33,051	4,117	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	14	1,566	8,234	0		101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,677	1,201	41,742	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	427,527	503,848	238,716	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	249	0	0	0		191.00
193.01	19301	NON-ALLOWABLE COST	209,988	0	0	0		193.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	637,764	503,848	238,716	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING PROGRAM	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			20.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	SPECIFY SERVICE						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			2,081,500			22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				78,929		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					41,812	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI						23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
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
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
60.01	06001	VASCULAR LAB						60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03950	BLANK						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING PROGRAM	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
				APPRV	APPRV				
			20.00	21.00	22.00		23.00	23.01	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE							116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0		0	0	118.00
NONREIMBURSABLE COST CENTERS									
191.00	19100	RESEARCH							191.00
193.01	19301	NON-ALLOWABLE COST							193.01
200.00		Cross Foot Adjustments	0	0	2,081,500		78,929	41,812	200.00
201.00		Negative Cost Centers	0	0	0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,081,500		78,929	41,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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2/28/2022 5:07 pm

Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM- PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	3,014				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		12,389,815	0	12,389,815	30.00
31.00	03100	INTENSIVE CARE UNIT		2,496,388	0	2,496,388	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		669,103	0	669,103	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF		702,966	0	702,966	40.00
41.00	04100	SUBPROVIDER - IRF		338,269	0	338,269	41.00
43.00	04300	NURSERY		152,380	0	152,380	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		9,181,680	0	9,181,680	50.00
51.00	05100	RECOVERY ROOM		739,947	0	739,947	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,623,834	0	1,623,834	52.00
53.00	05300	ANESTHESIOLOGY		637,593	0	637,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,827,781	0	6,827,781	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,169,416	0	1,169,416	55.00
56.00	05600	RADIOISOTOPE		849,345	0	849,345	56.00
57.00	05700	CT SCAN		937,361	0	937,361	57.00
58.00	05800	MRI		1,298,808	0	1,298,808	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,480,562	0	1,480,562	59.00
60.00	06000	LABORATORY		4,913,908	0	4,913,908	60.00
60.01	06001	VASCULAR LAB		184,607	0	184,607	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		201,240	0	201,240	63.00
64.00	06400	INTRAVENOUS THERAPY		140,015	0	140,015	64.00
65.00	06500	RESPIRATORY THERAPY		766,848	0	766,848	65.00
66.00	06600	PHYSICAL THERAPY		2,799,798	0	2,799,798	66.00
67.00	06700	OCCUPATIONAL THERAPY		212,962	0	212,962	67.00
68.00	06800	SPEECH PATHOLOGY		94,102	0	94,102	68.00
69.00	06900	ELECTROCARDIOLOGY		1,125,643	0	1,125,643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		308,448	0	308,448	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,391,245	0	2,391,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,628,157	0	2,628,157	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		5,066,930	0	5,066,930	73.00
74.00	07400	RENAL DIALYSIS		156,617	0	156,617	74.00
75.00	07500	ASC (NON-DISTINCT PART)		1,633,223	0	1,633,223	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		153,134	0	153,134	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		13,971,815	0	13,971,815	90.00
91.00	09100	EMERGENCY		2,534,030	0	2,534,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		709,621	0	709,621	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	378,099	0	378,099		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	81,865,690	0	81,865,690	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	1,836,656	0	1,836,656		191.00
193.01	19301	NON-ALLOWABLE COST	8,290,017	0	8,290,017		193.01
200.00		Cross Foot Adjustments	3,014	2,205,255	0	2,205,255	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,014	94,197,618	0	94,197,618	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPE NSE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,114,463				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		36,080,334			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,943	1,314	636,019,135		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,246,925	19,401,997	136,270,079	-311,409,429	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	971,376	106,608	3,409,276	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,589	0	0	0	8.00
9.00	00900	HOUSEKEEPING	29,204	252,965	64,203	0	9.00
10.00	01000	DIETARY	37,318	132,878	0	0	10.00
11.00	01100	CAFETERIA	31,431	12,851	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,820	501,194	6,794,700	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	8,381,825	0	14.00
15.00	01500	PHARMACY	0	0	16,952,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,936	0	3,628,560	0	16.00
17.00	01700	SOCIAL SERVICE	5,830	0	2,287,684	0	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	46,503	8,686	13,791,317	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,125	0	1,302,685	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	1,490	0	221,079	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	696,132	-44,209	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	270,759	610,450	102,392,091	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45,192	245,396	23,974,329	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	9,832	48,472	8,072,048	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	17,272	371	5,022,205	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,496	12,584	1,838,850	0	41.00
43.00	04300	NURSERY	2,115	0	2,402,661	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	118,092	4,681,331	34,632,237	0	50.00
51.00	05100	RECOVERY ROOM	18,318	28,631	5,500,961	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,671	89,156	8,542,977	0	52.00
53.00	05300	ANESTHESIOLOGY	4,940	329,011	2,544,661	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,299	2,497,010	32,255,850	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,516	437,095	4,085,046	0	55.00
56.00	05600	RADIOISOTOPE	19,601	153,707	3,226,967	0	56.00
57.00	05700	CT SCAN	10,646	380,663	5,046,248	0	57.00
58.00	05800	MRI	22,009	524,675	4,999,417	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,319	580,954	6,783,964	0	59.00
60.00	06000	LABORATORY	60,254	1,352,889	25,417,176	0	60.00
60.01	06001	VASCULAR LAB	4,172	12,248	1,791,170	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,056	61,475	1,154,959	0	63.00
64.00	06400	INTRAVENOUS THERAPY	303	17,560	2,144,717	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,620	268,942	7,779,515	0	65.00
66.00	06600	PHYSICAL THERAPY	72,500	62,373	24,186,034	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,887	0	3,036,228	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,168	0	1,071,215	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,066	334,337	5,349,569	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,103	185,395	2,014,441	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,068	92,656	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,730	150,534	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,805	7,117	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,073	0	60,784	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	50,652	19,725	7,512,725	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,081	4,826	598,187	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	366,881	1,512,254	61,303,819	0	90.00
91.00	09100	EMERGENCY	54,846	111,654	22,715,765	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)				
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	9,064	0	8,975,857	0	15,369,559	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,015	0	4,015,437	0	7,595,333	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,918,991	35,231,984	624,247,984	-311,453,638	1,147,611,421	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	28,630	363,762	0	0	27,407,665	191.00
193.01	19301	NON-ALLOWABLE COST	166,842	484,588	11,771,151	0	128,049,334	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	58,481,046	35,716,572	39,352,568		311,409,429	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.213531	0.989918	0.061873		0.238982	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			497,964		37,036,262	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000783		0.028422	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: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	1,861,219				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,589	100,622			8.00
9.00	00900	HOUSEKEEPING	0	29,204	195	1,825,426		9.00
10.00	01000	DIETARY	0	37,318	0	37,318	615,764	10.00
11.00	01100	CAFETERIA	0	31,431	0	31,431	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,820	0	8,820	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	137	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,936	0	13,936	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,830	0	5,830	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	46,503	0	46,503	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	1,125	0	1,125	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,490	0	1,490	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	270,759	30,039	270,759	470,498	30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,192	4,047	45,192	38,873	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,832	1,165	9,832	621	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	17,272	577	17,272	30,331	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,496	1,081	8,496	13,167	41.00
43.00	04300	NURSERY	0	2,115	773	2,115	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	118,092	8,764	118,092	1,749	50.00
51.00	05100	RECOVERY ROOM	0	18,318	3,189	18,318	80	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,671	4,049	42,671	22,483	52.00
53.00	05300	ANESTHESIOLOGY	0	4,940	0	4,940	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,299	6,081	119,299	2,838	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,516	1,465	21,516	172	55.00
56.00	05600	RADIOISOTOPE	0	19,601	1,170	19,601	368	56.00
57.00	05700	CT SCAN	0	10,646	4,611	10,646	1,367	57.00
58.00	05800	MRI	0	22,009	2,515	22,009	550	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,319	2,272	23,319	1,648	59.00
60.00	06000	LABORATORY	0	60,254	155	60,254	389	60.00
60.01	06001	VASCULAR LAB	0	4,172	0	4,172	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,056	5	3,056	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	303	0	303	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,620	0	4,620	41	65.00
66.00	06600	PHYSICAL THERAPY	0	72,500	1,211	72,500	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,887	0	3,887	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,168	0	2,168	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,066	978	22,066	378	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,103	0	1,103	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,068	0	17,068	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,730	0	27,730	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,805	0	16,805	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,073	201	3,073	239	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	50,652	5,033	50,652	9,120	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,081	9	5,081	67	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	366,881	6,254	366,881	7,894	90.00
91.00	09100	EMERGENCY	0	54,846	14,621	54,846	12,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,064	0	9,064	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	4,015	0	4,015	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,665,747	100,597	1,629,954	615,764	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	28,630	0	28,630	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	166,842	25	166,842	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	88,360,770	4,816,419	20,996,611	19,389,840	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	47.474677	47.866461	11.502307	31.489077	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	15,941,863	253,402	1,365,827	1,403,831	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.565281	2.518356	0.748224	2.279820	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: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	10,996,011					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	141,882	0	1,589			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	36,871,314		14.00
15.00	01500	PHARMACY	0	0	0	0	220,165,657	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,050	0	0	632	0	16.00
17.00	01700	SOCIAL SERVICE	54,823	0	0	0	353	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	205,153	0	6	560	143	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	39,129	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	5,365	0	0	329	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	8,217	0	0	249	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,327,926	0	550	5,960,978	0	30.00
31.00	03100	INTENSIVE CARE UNIT	454,013	0	164	1,947,663	1,357	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	165,566	0	69	473,172	1,332	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	129,660	0	24	40,226	14	40.00
41.00	04100	SUBPROVIDER - IRF	50,700	0	13	97,520	9	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	665,789	0	116	6,819,862	2,983	50.00
51.00	05100	RECOVERY ROOM	103,313	0	42	245,137	274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,464	0	80	1,036,601	1,577	52.00
53.00	05300	ANESTHESIOLOGY	76,115	0	6	1,603,166	399,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	826,632	0	30	1,101,698	171,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	71,660	0	2	13,738	542	55.00
56.00	05600	RADIOISOTOPE	67,454	0	0	50,586	1,627	56.00
57.00	05700	CT SCAN	91,817	0	0	327,720	198,189	57.00
58.00	05800	MRI	104,287	0	4	153,381	113,167	58.00
59.00	05900	CARDIAC CATHETERIZATION	110,469	0	30	627,572	23,133	59.00
60.00	06000	LABORATORY	744,477	0	1	3,437,930	10,822	60.00
60.01	06001	VASCULAR LAB	34,920	0	0	6,897	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	36,111	0	0	90,582	35,795	63.00
64.00	06400	INTRAVENOUS THERAPY	45,701	0	22	349,993	44,839	64.00
65.00	06500	RESPIRATORY THERAPY	183,570	0	0	635,339	14,852	65.00
66.00	06600	PHYSICAL THERAPY	615,818	0	1	591,861	1,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	70,544	0	0	4,080	50	67.00
68.00	06800	SPEECH PATHOLOGY	23,298	0	0	299	0	68.00
69.00	06900	ELECTROCARDIOLOGY	121,819	0	14	203,773	62,785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,590	0	0	22,108	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	100,131	0	0	1,259,973	146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	162,679	0	0	2,047,028	237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	347,599	0	0	529,680	145,444,692	73.00
74.00	07400	RENAL DIALYSIS	8	0	0	69,406	9	74.00
75.00	07500	ASC (NON-DISTINCT PART)	186,642	0	59	621,047	45	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,198	0	3	11,609	5	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	866,067	0	126	3,168,868	472,353	90.00
91.00	09100	EMERGENCY	491,053	0	159	2,692,330	7,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	204,385	0	44	2,991	4,937	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	92,356	0	21	642	578,734	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,437,450	0	1,586	36,247,226	147,595,089	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	326,359	0	0	41,578	86,091	191.00
193.01	19301	NON-ALLOWABLE COST	232,202	0	3	582,510	72,484,477	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,119,668	0	13,506,428	21,554,830	27,214,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.283709	0.000000	8,499.954688	0.584596	0.123609	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	781,239	0	1,016,028	501,027	637,764	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.071047	0.000000	639.413468	0.013589	0.002897	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: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,336,413,522					16.00
17.00	01700	SOCIAL SERVICE	0	60,299				17.00
18.00	01800	SPECIFY SERVICE	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	383,999,532	35,790	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	94,365,371	4,159	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	53,827,239	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	20,216,458	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,054,999	624	0	0	0	41.00
43.00	04300	NURSERY	13,133,470	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	533,033,045	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	117,012,400	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,256,772	505	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	82,102,373	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	306,177,260	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	98,098,530	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	88,713,762	0	0	0	0	56.00
57.00	05700	CT SCAN	327,143,217	0	0	0	0	57.00
58.00	05800	MRI	192,488,693	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	184,516,995	416	0	0	0	59.00
60.00	06000	LABORATORY	448,037,229	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	31,137,412	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	12,528,888	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,437,233	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	56,431,784	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	108,590,237	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,222,799	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,405,315	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	155,976,085	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,352,150	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,978,870	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	289,155,192	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	721,600,251	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,776,236	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	28,759,094	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,702,637	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	297,134,412	5,141	0	0	0	90.00
91.00	09100	EMERGENCY	351,611,328	1,040	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	16,656,887	2,080	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	12,779,367	10,544	0		0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,336,413,522	60,299	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,048,320	4,538,441	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001508	75.265610	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	503,848	238,716	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000094	3.958872	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)	
			SERVICES-SALAR	SERVICES-OTHER				
			Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)				
			21.00	22.00				
			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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	SPECIFY SERVICE						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		21,094				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY			100			23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				100		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI					100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,762	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	478	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	504	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	24	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,699	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,193	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	732	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	180	0	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	0	0	0	59.00
60.00	06000	LABORATORY	0	1,330	0	100	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	701	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	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	200	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,291	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		21.00	22.00				
		23.00	23.01				
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE			0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	21,094	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	44,247,662	2,198,676	359,835	51,404	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,097.642078	21,986.760000	3,598.350000	514.040000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,081,500	78,929	41,812	3,014	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	98.677349	789.290000	418.120000	30.140000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
2/28/2022 5:07 pm

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part 1
Date/Time Prepared:
2/28/2022 5:07 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	324,546,949		324,546,949		30.00
31.00	03100	INTENSIVE CARE UNIT	94,365,371		94,365,371		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	53,827,239		53,827,239		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	20,216,458		20,216,458		40.00
41.00	04100	SUBPROVIDER - IRF	8,054,999		8,054,999		41.00
43.00	04300	NURSERY	13,133,470		13,133,470		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	175,387,862	357,645,183	533,033,045	0.143877	0.000000
51.00	05100	RECOVERY ROOM	34,341,793	82,670,607	117,012,400	0.098401	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,806,090	4,450,682	73,256,772	0.288988	0.000000
53.00	05300	ANESTHESIOLOGY	29,812,557	52,289,816	82,102,373	0.100233	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,563,909	250,613,351	306,177,260	0.225980	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	3,056,269	95,042,261	98,098,530	0.107866	0.000000
56.00	05600	RADIOISOTOPE	6,970,231	81,743,531	88,713,762	0.121941	0.000000
57.00	05700	CT SCAN	95,696,691	231,446,526	327,143,217	0.038165	0.000000
58.00	05800	MRI	22,871,043	169,617,650	192,488,693	0.059577	0.000000
59.00	05900	CARDIAC CATHETERIZATION	68,591,140	115,925,855	184,516,995	0.081463	0.000000
60.00	06000	LABORATORY	165,342,411	282,694,818	448,037,229	0.209225	0.000000
60.01	06001	VASCULAR LAB	9,269,515	21,867,897	31,137,412	0.104251	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,651,849	3,877,039	12,528,888	0.238735	0.000000
64.00	06400	INTRAVENOUS THERAPY	12,151,442	285,791	12,437,233	0.352964	0.000000
65.00	06500	RESPIRATORY THERAPY	49,061,518	7,370,266	56,431,784	0.290994	0.000000
66.00	06600	PHYSICAL THERAPY	17,246,572	91,343,665	108,590,237	0.426741	0.000000
67.00	06700	OCCUPATIONAL THERAPY	11,341,416	1,881,383	13,222,799	0.392500	0.000000
68.00	06800	SPEECH PATHOLOGY	4,970,341	434,974	5,405,315	0.349722	0.000000
69.00	06900	ELECTROCARDIOLOGY	46,729,636	109,246,449	155,976,085	0.077088	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	6,787,745	5,564,405	12,352,150	0.335999	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,813,146	107,165,724	177,978,870	0.466296	0.000000
72.00	07200	IMPL., DEV., CHARGED TO PATIENTS	148,603,422	140,551,770	289,155,192	0.276823	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	166,299,141	555,301,110	721,600,251	0.281559	0.000000
74.00	07400	RENAL DIALYSIS	5,776,236	0	5,776,236	0.659704	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	132,402	28,626,692	28,759,094	0.641498	0.000000
76.00	03950	BLANK	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	4,020	2,698,617	2,702,637	0.524194	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,263,412	283,871,000	297,134,412	0.605726	0.000000
91.00	09100	EMERGENCY	123,907,968	227,703,360	351,611,328	0.126789	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,462,482	41,990,101	59,452,583	0.434341	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	16,656,887	16,656,887		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	12,779,367	12,779,367		116.00
200.00		Subtotal (see instructions)	1,953,056,745	3,383,356,777	5,336,413,522		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,953,056,745	3,383,356,777	5,336,413,522		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.143877			50.00
51.00	05100	RECOVERY ROOM	0.098401			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.288988			52.00
53.00	05300	ANESTHESIOLOGY	0.100233			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226328			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107866			55.00
56.00	05600	RADIOISOTOPE	0.121941			56.00
57.00	05700	CT SCAN	0.038165			57.00
58.00	05800	MRI	0.059577			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081463			59.00
60.00	06000	LABORATORY	0.209225			60.00
60.01	06001	VASCULAR LAB	0.104251			60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.238735			63.00
64.00	06400	INTRAVENOUS THERAPY	0.352964			64.00
65.00	06500	RESPIRATORY THERAPY	0.290994			65.00
66.00	06600	PHYSICAL THERAPY	0.426741			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.392500			67.00
68.00	06800	SPEECH PATHOLOGY	0.349722			68.00
69.00	06900	ELECTROCARDIOLOGY	0.077088			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.335999			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.466296			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276823			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281559			73.00
74.00	07400	RENAL DIALYSIS	0.659704			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.641498			75.00
76.00	03950	BLANK	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.524194			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.605726			90.00
91.00	09100	EMERGENCY	0.126789			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.434341			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
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2/28/2022 5:07 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	193,009,550		193,009,550	25,527
31.00	03100	INTENSIVE CARE UNIT	45,723,378		45,723,378	0
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	15,236,724		15,236,724	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	10,783,617		10,783,617	5,507
41.00	04100	SUBPROVIDER - IRF	4,490,064		4,490,064	0
43.00	04300	NURSERY	4,434,294		4,434,294	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	76,691,366		76,691,366	0
51.00	05100	RECOVERY ROOM	11,514,082		11,514,082	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,170,357		21,170,357	0
53.00	05300	ANESTHESIOLOGY	8,229,364		8,229,364	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,190,017		69,190,017	106,399
55.00	05500	RADIOLOGY-THERAPEUTIC	10,581,539		10,581,539	0
56.00	05600	RADIOISOTOPE	10,817,860		10,817,860	0
57.00	05700	CT SCAN	12,485,325		12,485,325	0
58.00	05800	MRI	11,467,867		11,467,867	0
59.00	05900	CARDIAC CATHETERIZATION	15,031,300		15,031,300	0
60.00	06000	LABORATORY	93,740,379		93,740,379	0
60.01	06001	VASCULAR LAB	3,246,091		3,246,091	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,991,084		2,991,084	0
64.00	06400	INTRAVENOUS THERAPY	4,389,891		4,389,891	0
65.00	06500	RESPIRATORY THERAPY	16,421,334	0	16,421,334	0
66.00	06600	PHYSICAL THERAPY	46,339,910	0	46,339,910	0
67.00	06700	OCCUPATIONAL THERAPY	5,189,949	0	5,189,949	0
68.00	06800	SPEECH PATHOLOGY	1,890,356	0	1,890,356	0
69.00	06900	ELECTROCARDIOLOGY	12,023,881		12,023,881	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,150,308		4,150,308	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,990,901		82,990,901	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,044,748		80,044,748	0
73.00	07300	DRUGS CHARGED TO PATIENTS	203,173,097		203,173,097	0
74.00	07400	RENAL DIALYSIS	3,810,604		3,810,604	0
75.00	07500	ASC (NON-DISTINCT PART)	18,448,896		18,448,896	0
76.00	03950	BLANK	0		0	0
76.97	07697	CARDIAC REHABILITATION	1,416,705		1,416,705	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	179,982,069		179,982,069	0
91.00	09100	EMERGENCY	44,580,388		44,580,388	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,822,711		25,822,711	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	20,193,188		20,193,188	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	10,736,759		10,736,759	0
200.00		Subtotal (see instructions)	1,382,439,953	0	1,382,439,953	137,433
201.00		Less Observation Beds	25,822,711		25,822,711	0
202.00		Total (see instructions)	1,356,617,242	0	1,356,617,242	137,433

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	324,546,949		324,546,949		30.00
31.00	03100	INTENSIVE CARE UNIT	94,365,371		94,365,371		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	53,827,239		53,827,239		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	20,216,458		20,216,458		40.00
41.00	04100	SUBPROVIDER - IRF	8,054,999		8,054,999		41.00
43.00	04300	NURSERY	13,133,470		13,133,470		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	175,387,862	357,645,183	533,033,045	0.143877	0.000000
51.00	05100	RECOVERY ROOM	34,341,793	82,670,607	117,012,400	0.098401	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,806,090	4,450,682	73,256,772	0.288988	0.000000
53.00	05300	ANESTHESIOLOGY	29,812,557	52,289,816	82,102,373	0.100233	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,563,909	250,613,351	306,177,260	0.225980	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	3,056,269	95,042,261	98,098,530	0.107866	0.000000
56.00	05600	RADIOISOTOPE	6,970,231	81,743,531	88,713,762	0.121941	0.000000
57.00	05700	CT SCAN	95,696,691	231,446,526	327,143,217	0.038165	0.000000
58.00	05800	MRI	22,871,043	169,617,650	192,488,693	0.059577	0.000000
59.00	05900	CARDIAC CATHETERIZATION	68,591,140	115,925,855	184,516,995	0.081463	0.000000
60.00	06000	LABORATORY	165,342,411	282,694,818	448,037,229	0.209225	0.000000
60.01	06001	VASCULAR LAB	9,269,515	21,867,897	31,137,412	0.104251	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,651,849	3,877,039	12,528,888	0.238735	0.000000
64.00	06400	INTRAVENOUS THERAPY	12,151,442	285,791	12,437,233	0.352964	0.000000
65.00	06500	RESPIRATORY THERAPY	49,061,518	7,370,266	56,431,784	0.290994	0.000000
66.00	06600	PHYSICAL THERAPY	17,246,572	91,343,665	108,590,237	0.426741	0.000000
67.00	06700	OCCUPATIONAL THERAPY	11,341,416	1,881,383	13,222,799	0.392500	0.000000
68.00	06800	SPEECH PATHOLOGY	4,970,341	434,974	5,405,315	0.349722	0.000000
69.00	06900	ELECTROCARDIOLOGY	46,729,636	109,246,449	155,976,085	0.077088	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	6,787,745	5,564,405	12,352,150	0.335999	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,813,146	107,165,724	177,978,870	0.466296	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,603,422	140,551,770	289,155,192	0.276823	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	166,299,141	555,301,110	721,600,251	0.281559	0.000000
74.00	07400	RENAL DIALYSIS	5,776,236	0	5,776,236	0.659704	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	132,402	28,626,692	28,759,094	0.641498	0.000000
76.00	03950	BLANK	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	4,020	2,698,617	2,702,637	0.524194	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,263,412	283,871,000	297,134,412	0.605726	0.000000
91.00	09100	EMERGENCY	123,907,968	227,703,360	351,611,328	0.126789	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,462,482	41,990,101	59,452,583	0.434341	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	16,656,887	16,656,887		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	12,779,367	12,779,367		116.00
200.00		Subtotal (see instructions)	1,953,056,745	3,383,356,777	5,336,413,522		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,953,056,745	3,383,356,777	5,336,413,522		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
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
60.01	06001	VASCULAR LAB	0.000000			60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BLANK	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/28/2022 5:07 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	12,389,815	0	12,389,815	156,625	79.10	30.00	
31.00	INTENSIVE CARE UNIT	2,496,388		2,496,388	15,586	160.17	31.00	
31.01	INFANT SPECIAL CARE UNIT (ISCU)	669,103		669,103	10,069	66.45	31.01	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
40.00	SUBPROVIDER - IPF	702,966	0	702,966	8,321	84.48	40.00	
41.00	SUBPROVIDER - IRF	338,269	0	338,269	4,087	82.77	41.00	
43.00	NURSERY	152,380		152,380	9,339	16.32	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	16,748,921		16,748,921	204,027		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	62,844	4,970,960					30.00
31.00	INTENSIVE CARE UNIT	5,857	938,116					31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
40.00	SUBPROVIDER - IPF	893	75,441					40.00
41.00	SUBPROVIDER - IRF	1,813	150,062					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	71,407	6,134,579					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/28/2022 5:07 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,181,680	533,033,045	0.017225	75,194,524	1,295,226	50.00	
51.00	05100	RECOVERY ROOM	739,947	117,012,400	0.006324	15,333,881	96,971	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,834	73,256,772	0.022166	115,316	2,556	52.00	
53.00	05300	ANESTHESIOLOGY	637,593	82,102,373	0.007766	9,557,571	74,224	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,827,781	306,177,260	0.022300	25,395,780	566,326	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,169,416	98,098,530	0.011921	1,511,460	18,018	55.00	
56.00	05600	RADIOISOTOPE	849,345	88,713,762	0.009574	3,245,767	31,075	56.00	
57.00	05700	CT SCAN	937,361	327,143,217	0.002865	48,025,195	137,592	57.00	
58.00	05800	MRI	1,298,808	192,488,693	0.006747	10,144,398	68,444	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,480,562	184,516,995	0.008024	34,095,135	273,579	59.00	
60.00	06000	LABORATORY	4,913,908	448,037,229	0.010968	72,839,282	798,901	60.00	
60.01	06001	VASCULAR LAB	184,607	31,137,412	0.005929	4,354,093	25,815	60.01	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	201,240	12,528,888	0.016062	2,427,987	38,998	63.00	
64.00	06400	INTRAVENOUS THERAPY	140,015	12,437,233	0.011258	6,574,332	74,014	64.00	
65.00	06500	RESPIRATORY THERAPY	766,848	56,431,784	0.013589	18,192,016	247,211	65.00	
66.00	06600	PHYSICAL THERAPY	2,799,798	108,590,237	0.025783	3,871	100	66.00	
67.00	06700	OCCUPATIONAL THERAPY	212,962	13,222,799	0.016106	111	2	67.00	
68.00	06800	SPEECH PATHOLOGY	94,102	5,405,315	0.017409	667	12	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,125,643	155,976,085	0.007217	24,141,405	174,229	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	308,448	12,352,150	0.024971	2,568,875	64,147	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,391,245	177,978,870	0.013436	31,524,245	423,560	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,628,157	289,155,192	0.009089	79,992,897	727,055	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,066,930	721,600,251	0.007022	68,364,520	480,056	73.00	
74.00	07400	RENAL DIALYSIS	156,617	5,776,236	0.027114	3,111,960	84,378	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,633,223	28,759,094	0.056790	96,437	5,477	75.00	
76.00	03950	BLANK	0	0	0.000000	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	153,134	2,702,637	0.056661	1,400	79	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,971,815	297,134,412	0.047022	5,826,703	273,983	90.00	
91.00	09100	EMERGENCY	2,534,030	351,611,328	0.007207	71,947,365	518,525	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,657,405	59,452,583	0.027878	5,115,922	142,622	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
200.00		Total (lines 50 through 199)	65,686,454	4,792,832,782		619,703,115	6,643,175	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part III
Date/Time Prepared:
2/28/2022 5:07 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	156,625	0.00	62,844	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	15,586	0.00	5,857	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	10,069	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	8,321	0.00	893	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,087	0.00	1,813	41.00	
43.00	04300	NURSERY		0	9,339	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		0	204,027		71,407	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	51,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	359,835	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,198,676	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,609,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 5:07 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	533,033,045	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	117,012,400	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	73,256,772	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	51,404	51,404	82,102,373	0.000626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	306,177,260	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	98,098,530	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	88,713,762	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	327,143,217	0.000000	57.00
58.00	05800	MRI	0	0	0	192,488,693	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	184,516,995	0.000000	59.00
60.00	06000	LABORATORY	0	359,835	359,835	448,037,229	0.000803	60.00
60.01	06001	VASCULAR LAB	0	0	0	31,137,412	0.000000	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	12,528,888	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,437,233	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,431,784	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	108,590,237	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,222,799	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,405,315	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	155,976,085	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,352,150	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,978,870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	289,155,192	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,198,676	2,198,676	721,600,251	0.003047	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,776,236	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	28,759,094	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,702,637	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	297,134,412	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	351,611,328	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,452,583	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)		0	2,609,915	2,609,915	4,792,832,782		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	75,194,524	0	102,765,240	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	15,333,881	0	23,948,378	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	115,316	0	688	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000626	9,557,571	5,983	15,555,151	9,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	25,395,780	0	53,199,341	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,511,460	0	39,048,490	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	3,245,767	0	32,226,055	0	56.00
57.00	05700	CT SCAN	0.000000	48,025,195	0	88,782,766	0	57.00
58.00	05800	MRI	0.000000	10,144,398	0	50,441,132	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	34,095,135	0	59,395,021	0	59.00
60.00	06000	LABORATORY	0.000803	72,839,282	58,490	59,412,381	47,708	60.00
60.01	06001	VASCULAR LAB	0.000000	4,354,093	0	9,550,507	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	2,427,987	0	1,049,368	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	6,574,332	0	80,384	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	18,192,016	0	3,220,285	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,871	0	1,333,799	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	111	0	31,550	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	667	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	24,141,405	0	49,077,474	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,568,875	0	1,987,446	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	31,524,245	0	38,436,334	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	79,992,897	0	60,828,946	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003047	68,364,520	208,307	257,247,344	783,833	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,111,960	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	96,437	0	9,473,656	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,400	0	1,351,691	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	5,826,703	0	120,985,194	0	90.00
91.00	09100	EMERGENCY	0.000000	71,947,365	0	54,744,919	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,115,922	0	5,455,001	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		619,703,115	272,780	1,139,628,541	841,279	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/28/2022 5:07 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.143877	102,765,240	404,391	0	14,785,554	50.00	
51.00	05100	RECOVERY ROOM	0.098401	23,948,378	0	0	2,356,544	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.288988	688	0	0	199	52.00	
53.00	05300	ANESTHESIOLOGY	0.100233	15,555,151	0	0	1,559,139	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225980	53,199,341	0	0	12,021,987	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107866	39,048,490	0	0	4,212,004	55.00	
56.00	05600	RADIOISOTOPE	0.121941	32,226,055	0	0	3,929,677	56.00	
57.00	05700	CT SCAN	0.038165	88,782,766	2	0	3,388,394	57.00	
58.00	05800	MRI	0.059577	50,441,132	0	0	3,005,131	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.081463	59,395,021	16,950	0	4,838,497	59.00	
60.00	06000	LABORATORY	0.209225	59,412,381	33,256	0	12,430,555	60.00	
60.01	06001	VASCULAR LAB	0.104251	9,550,507	0	0	995,650	60.01	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.238735	1,049,368	16	0	250,521	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.352964	80,384	0	0	28,373	64.00	
65.00	06500	RESPIRATORY THERAPY	0.290994	3,220,285	0	0	937,084	65.00	
66.00	06600	PHYSICAL THERAPY	0.426741	1,333,799	0	0	569,187	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.392500	31,550	0	0	12,383	67.00	
68.00	06800	SPEECH PATHOLOGY	0.349722	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.077088	49,077,474	250	0	3,783,284	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.335999	1,987,446	0	0	667,780	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.466296	38,436,334	0	0	17,922,709	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276823	60,828,946	0	0	16,838,851	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281559	257,247,344	6,219	2,912,132	72,430,305	73.00	
74.00	07400	RENAL DIALYSIS	0.659704	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.641498	9,473,656	0	0	6,077,331	75.00	
76.00	03950	BLANK	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.524194	1,351,691	0	0	708,548	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.605726	120,985,194	27	894	73,283,878	90.00	
91.00	09100	EMERGENCY	0.126789	54,744,919	0	30	6,941,054	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434341	5,455,001	0	0	2,369,331	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		1,139,628,541	461,111	2,913,056	266,343,950	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		1,139,628,541	461,111	2,913,056	266,343,950	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/28/2022 5:07 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	58,183	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
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	1,381	0		59.00
60.00	06000	LABORATORY	6,958	0		60.00
60.01	06001	VASCULAR LAB	0	0		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	19	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	1,751	819,937		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BLANK	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	16	542		90.00
91.00	09100	EMERGENCY	0	4		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	68,312	820,483		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	68,312	820,483		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-S010

From 10/01/2020

Part II

To 09/30/2021

Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,181,680	533,033,045	0.017225	0	50.00
51.00	05100	RECOVERY ROOM	739,947	117,012,400	0.006324	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,834	73,256,772	0.022166	0	52.00
53.00	05300	ANESTHESIOLOGY	637,593	82,102,373	0.007766	25,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,827,781	306,177,260	0.022300	8,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,169,416	98,098,530	0.011921	0	55.00
56.00	05600	RADIOISOTOPE	849,345	88,713,762	0.009574	6,252	56.00
57.00	05700	CT SCAN	937,361	327,143,217	0.002865	22,689	57.00
58.00	05800	MRI	1,298,808	192,488,693	0.006747	21,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,480,562	184,516,995	0.008024	0	59.00
60.00	06000	LABORATORY	4,913,908	448,037,229	0.010968	188,436	60.00
60.01	06001	VASCULAR LAB	184,607	31,137,412	0.005929	1,040	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	201,240	12,528,888	0.016062	0	63.00
64.00	06400	INTRAVENOUS THERAPY	140,015	12,437,233	0.011258	28	64.00
65.00	06500	RESPIRATORY THERAPY	766,848	56,431,784	0.013589	0	65.00
66.00	06600	PHYSICAL THERAPY	2,799,798	108,590,237	0.025783	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	212,962	13,222,799	0.016106	0	67.00
68.00	06800	SPEECH PATHOLOGY	94,102	5,405,315	0.017409	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,125,643	155,976,085	0.007217	21,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	308,448	12,352,150	0.024971	1,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,391,245	177,978,870	0.013436	1,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,628,157	289,155,192	0.009089	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,066,930	721,600,251	0.007022	143,149	73.00
74.00	07400	RENAL DIALYSIS	156,617	5,776,236	0.027114	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,633,223	28,759,094	0.056790	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	153,134	2,702,637	0.056661	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,971,815	297,134,412	0.047022	23,239	90.00
91.00	09100	EMERGENCY	2,534,030	351,611,328	0.007207	395,253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	59,452,583	0.000000	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	92.01
200.00		Total (lines 50 through 199)	64,029,049	4,792,832,782		859,503	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 5:07 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	51,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	359,835	60.00
60.01	06001	VASCULAR LAB		0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	2,198,676	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	BLANK		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	2,609,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 5:07 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	533,033,045	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	117,012,400	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	73,256,772	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	51,404	51,404	82,102,373	0.000626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	306,177,260	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	98,098,530	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	88,713,762	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	327,143,217	0.000000	57.00
58.00	05800	MRI		0	0	0	192,488,693	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	184,516,995	0.000000	59.00
60.00	06000	LABORATORY		0	359,835	359,835	448,037,229	0.000803	60.00
60.01	06001	VASCULAR LAB		0	0	0	31,137,412	0.000000	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	12,528,888	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	12,437,233	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	56,431,784	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	108,590,237	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,222,799	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	5,405,315	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	155,976,085	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	12,352,150	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	177,978,870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	289,155,192	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	2,198,676	2,198,676	721,600,251	0.003047	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,776,236	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	28,759,094	0.000000	75.00
76.00	03950	BLANK		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,702,637	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	297,134,412	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	351,611,328	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	59,452,583	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	2,609,915	2,609,915	4,792,832,782		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 5:07 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000626	25,245	16	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	8,722	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	6,252	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	22,689	0	0	0	57.00
58.00	05800	MRI		0.000000	21,131	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000803	188,436	151	0	0	60.00
60.01	06001	VASCULAR LAB		0.000000	1,040	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	28	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	21,570	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,292	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,457	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003047	143,149	436	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	23,239	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	395,253	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			859,503	603	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,181,680	533,033,045	0.017225	0	0	50.00
51.00	05100 RECOVERY ROOM	739,947	117,012,400	0.006324	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,623,834	73,256,772	0.022166	0	0	52.00
53.00	05300 ANESTHESIOLOGY	637,593	82,102,373	0.007766	738	6	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,827,781	306,177,260	0.022300	36,127	806	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,169,416	98,098,530	0.011921	76,033	906	55.00
56.00	05600 RADIOISOTOPE	849,345	88,713,762	0.009574	0	0	56.00
57.00	05700 CT SCAN	937,361	327,143,217	0.002865	86,725	248	57.00
58.00	05800 MRI	1,298,808	192,488,693	0.006747	18,187	123	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,480,562	184,516,995	0.008024	6,924	56	59.00
60.00	06000 LABORATORY	4,913,908	448,037,229	0.010968	278,883	3,059	60.00
60.01	06001 VASCULAR LAB	184,607	31,137,412	0.005929	42,084	250	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	201,240	12,528,888	0.016062	7,280	117	63.00
64.00	06400 INTRAVENOUS THERAPY	140,015	12,437,233	0.011258	2,271,973	25,578	64.00
65.00	06500 RESPIRATORY THERAPY	766,848	56,431,784	0.013589	75,294	1,023	65.00
66.00	06600 PHYSICAL THERAPY	2,799,798	108,590,237	0.025783	125	3	66.00
67.00	06700 OCCUPATIONAL THERAPY	212,962	13,222,799	0.016106	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	94,102	5,405,315	0.017409	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,125,643	155,976,085	0.007217	20,614	149	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,448	12,352,150	0.024971	1,292	32	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,391,245	177,978,870	0.013436	135,473	1,820	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,628,157	289,155,192	0.009089	7,332	67	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,066,930	721,600,251	0.007022	698,750	4,907	73.00
74.00	07400 RENAL DIALYSIS	156,617	5,776,236	0.027114	29,166	791	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,633,223	28,759,094	0.056790	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	153,134	2,702,637	0.056661	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,971,815	297,134,412	0.047022	7,718	363	90.00
91.00	09100 EMERGENCY	2,534,030	351,611,328	0.007207	129,468	933	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	59,452,583	0.000000	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	64,029,049	4,792,832,782		3,930,186	41,237	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010
Component CCN: 14-T010

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 5:07 pm

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	51,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	359,835	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,198,676	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,609,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 5:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	533,033,045	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	117,012,400	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	73,256,772	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	51,404	51,404	82,102,373	0.000626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	306,177,260	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	98,098,530	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	88,713,762	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	327,143,217	0.000000	57.00
58.00	05800	MRI		0	0	0	192,488,693	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	184,516,995	0.000000	59.00
60.00	06000	LABORATORY		0	359,835	359,835	448,037,229	0.000803	60.00
60.01	06001	VASCULAR LAB		0	0	0	31,137,412	0.000000	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	12,528,888	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	12,437,233	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	56,431,784	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	108,590,237	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,222,799	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	5,405,315	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	155,976,085	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	12,352,150	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	177,978,870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	289,155,192	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	2,198,676	2,198,676	721,600,251	0.003047	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,776,236	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	28,759,094	0.000000	75.00
76.00	03950	BLANK		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,702,637	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	297,134,412	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	351,611,328	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	59,452,583	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	2,609,915	2,609,915	4,792,832,782		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010

Component CCN: 14-T010

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 5:07 pm

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000626	738	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	36,127	0	1,985	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	76,033	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	86,725	0	0	0	57.00
58.00	05800	MRI	0.000000	18,187	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,924	0	0	0	59.00
60.00	06000	LABORATORY	0.000803	278,883	224	0	0	60.00
60.01	06001	VASCULAR LAB	0.000000	42,084	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	7,280	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,271,973	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	75,294	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	125	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	20,614	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,292	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	135,473	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,332	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003047	698,750	2,129	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	29,166	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	7,718	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	129,468	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		3,930,186	2,353	1,985	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.143877	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.098401	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.288988	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.100233	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225980	1,985	0	0	449	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107866	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.121941	0	0	0	0	56.00
57.00	05700	CT SCAN	0.038165	0	0	0	0	57.00
58.00	05800	MRI	0.059577	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081463	0	0	0	0	59.00
60.00	06000	LABORATORY	0.209225	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	0.104251	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.238735	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.352964	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.290994	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.426741	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.392500	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.349722	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077088	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.335999	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.466296	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276823	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281559	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.659704	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.641498	0	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.524194	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.605726	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.126789	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434341	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		1,985	0	0	449	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,985	0	0	449	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
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
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
60.01	06001	VASCULAR LAB	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 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)		156,625	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		156,625	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)		135,673	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)		62,844	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)		193,035,077	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)		193,035,077	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)		193,035,077	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)		1,232.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		77,453,345	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)		77,453,345	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/28/2022 5:07 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	45,723,378	15,586	2,933.62	5,857	17,182,212
43.01	INFANT SPECIAL CARE UNIT (ISCU)	15,236,724	10,069	1,513.23	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					124,535,300
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					219,170,857
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,909,076
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,915,955
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,825,031
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					206,345,826
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					20,952
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,232.47
89.00	Observation bed cost (line 87 x line 88) (see instructions)					25,822,711

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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	12,389,815	193,035,077	0.064184	25,822,711	1,657,405	90.00
91.00	Nursing Program cost	0	193,035,077	0.000000	25,822,711	0	91.00
92.00	Allied health cost	0	193,035,077	0.000000	25,822,711	0	92.00
93.00	All other Medical Education	0	193,035,077	0.000000	25,822,711	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,321	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,321	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)		8,321	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)		893	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,789,124	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,789,124	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)		10,789,124	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)		1,296.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,157,873	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,157,873	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					154,206	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,312,079	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)					75,441	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,490	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					83,931	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,228,148	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:

Worksheet D-1

Component CCN: 14-S010

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	702,966	10,789,124	0.065155	0	0	90.00
91.00	Nursing Program cost	0	10,789,124	0.000000	0	0	91.00
92.00	Allied health cost	0	10,789,124	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,789,124	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,087	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,087	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,087	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,813	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,490,064	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,490,064	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,490,064	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)		1,098.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,991,798	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,991,798	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,214,066
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,205,864
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					150,062
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					43,590
52.00 Total Program excludable cost (sum of lines 50 and 51)					193,652
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,012,212
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:

Worksheet D-1

Component CCN: 14-T010

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	338,269	4,490,064	0.075337	0	0	90.00
91.00	Nursing Program cost	0	4,490,064	0.000000	0	0	91.00
92.00	Allied health cost	0	4,490,064	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,490,064	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	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)		0	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)		0	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)		0	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)	0		37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/28/2022 5:07 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)								42.00
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT								43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)								43.01
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description								1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)								48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)								49.00
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)								50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)								51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)								52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)								53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges								54.00
55.00	Target amount per discharge								55.00
56.00	Target amount (line 54 x line 55)								56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)								57.00
58.00	Bonus payment (see instructions)								58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket								59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket								60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)								61.00
62.00	Relief payment (see instructions)								62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)								63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)								64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)								65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)								66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)								67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)								68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)								69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							0.00	71.00
72.00	Program routine service cost (line 9 x line 71)							0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)							0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							0	80.00
81.00	Inpatient routine service cost per diem limitation							0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)							0	83.00
84.00	Program inpatient ancillary services (see instructions)							0	84.00
85.00	Utilization review - physician compensation (see instructions)							0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:

Worksheet D-1

Component CCN: 14-5855

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Skilled Nursing
Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/28/2022 5:07 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	154,917,678		30.00
31.00	03100	INTENSIVE CARE UNIT	35,401,955		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0		31.01
32.00	03200	CORONARY CARE UNIT	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	75,194,524	10,818,763	50.00
51.00	05100	RECOVERY ROOM	15,333,881	1,508,869	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115,316	33,325	52.00
53.00	05300	ANESTHESIOLOGY	9,557,571	957,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,395,780	5,747,776	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,511,460	163,035	55.00
56.00	05600	RADIOISOTOPE	3,245,767	395,792	56.00
57.00	05700	CT SCAN	48,025,195	1,832,882	57.00
58.00	05800	MRI	10,144,398	604,373	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,095,135	2,777,492	59.00
60.00	06000	LABORATORY	72,839,282	15,239,799	60.00
60.01	06001	VASCULAR LAB	4,354,093	453,919	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,427,987	579,645	63.00
64.00	06400	INTRAVENOUS THERAPY	6,574,332	2,320,503	64.00
65.00	06500	RESPIRATORY THERAPY	18,192,016	5,293,768	65.00
66.00	06600	PHYSICAL THERAPY	3,871	1,652	66.00
67.00	06700	OCCUPATIONAL THERAPY	111	44	67.00
68.00	06800	SPEECH PATHOLOGY	667	233	68.00
69.00	06900	ELECTROCARDIOLOGY	24,141,405	1,861,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,568,875	863,139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,524,245	14,699,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,992,897	22,143,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,364,520	19,248,646	73.00
74.00	07400	RENAL DIALYSIS	3,111,960	2,052,972	74.00
75.00	07500	ASC (NON-DISTINCT PART)	96,437	61,864	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,400	734	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	5,826,703	3,529,386	90.00
91.00	09100	EMERGENCY	71,947,365	9,122,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,115,922	2,222,055	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)	619,703,115	124,535,300	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)	0	0	201.00
202.00		Net charges (line 200 minus line 201)	619,703,115		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/28/2022 5:07 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF		2,125,985		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143877	0	0	50.00
51.00	05100 RECOVERY ROOM	0.098401	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.288988	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.100233	25,245	2,530	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226328	8,722	1,974	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107866	0	0	55.00
56.00	05600 RADIOISOTOPE	0.121941	6,252	762	56.00
57.00	05700 CT SCAN	0.038165	22,689	866	57.00
58.00	05800 MRI	0.059577	21,131	1,259	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081463	0	0	59.00
60.00	06000 LABORATORY	0.209225	188,436	39,426	60.00
60.01	06001 VASCULAR LAB	0.104251	1,040	108	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.238735	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.352964	28	10	64.00
65.00	06500 RESPIRATORY THERAPY	0.290994	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.426741	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.392500	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.349722	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.077088	21,570	1,663	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.335999	1,292	434	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.466296	1,457	679	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.276823	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281559	143,149	40,305	73.00
74.00	07400 RENAL DIALYSIS	0.659704	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.641498	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.524194	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.605726	23,239	14,076	90.00
91.00	09100 EMERGENCY	0.126789	395,253	50,114	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.434341	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		859,503	154,206	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		859,503	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/28/2022 5:07 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		3,591,641		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143877	0	0	50.00
51.00	05100 RECOVERY ROOM	0.098401	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.288988	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.100233	738	74	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226328	36,127	8,177	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107866	76,033	8,201	55.00
56.00	05600 RADIOISOTOPE	0.121941	0	0	56.00
57.00	05700 CT SCAN	0.038165	86,725	3,310	57.00
58.00	05800 MRI	0.059577	18,187	1,084	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081463	6,924	564	59.00
60.00	06000 LABORATORY	0.209225	278,883	58,349	60.00
60.01	06001 VASCULAR LAB	0.104251	42,084	4,387	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.238735	7,280	1,738	63.00
64.00	06400 INTRAVENOUS THERAPY	0.352964	2,271,973	801,925	64.00
65.00	06500 RESPIRATORY THERAPY	0.290994	75,294	21,910	65.00
66.00	06600 PHYSICAL THERAPY	0.426741	125	53	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.392500	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.349722	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.077088	20,614	1,589	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.335999	1,292	434	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.466296	135,473	63,171	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.276823	7,332	2,030	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281559	698,750	196,739	73.00
74.00	07400 RENAL DIALYSIS	0.659704	29,166	19,241	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.641498	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.524194	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.605726	7,718	4,675	90.00
91.00	09100 EMERGENCY	0.126789	129,468	16,415	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.434341	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,930,186	1,214,066	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,930,186		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/28/2022 5:07 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)		155,670,373	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)		4,046,174	2.04
3.00	Managed Care Simulated Payments		43,282,479	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		626.88	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)		170.74	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		170.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		199.11	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.17	11.00
12.00	Current year allowable FTE (see instructions)		175.91	12.00
13.00	Total allowable FTE count for the prior year.		175.77	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.		176.07	14.00
15.00	Sum of lines 12 through 14 divided by 3.		175.92	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		175.92	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.280628	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.269247	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.269247	21.00
22.00	IME payment adjustment (see instructions)		21,304,892	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,923,597	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)		28.37	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)		21,304,892	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,923,597	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.63	31.00
32.00	Sum of lines 30 and 31		19.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.37	33.00
34.00	Disproportionate share adjustment (see instructions)		2,089,875	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	0
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	8,377,740
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	8,377,740
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,377,740	
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)	191,489,054		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		197,412,651	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		14,044,314	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).		5,505,414	52.00
53.00	Nursing and Allied Health Managed Care payment		173,884	53.00
54.00	Special add-on payments for new technologies		607,047	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		272,780	58.00
59.00	Total (sum of amounts on lines 49 through 58)		218,016,090	59.00
60.00	Primary payer payments		45,161	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		217,970,929	61.00
62.00	Deductibles billed to program beneficiaries		14,731,912	62.00
63.00	Coinsurance billed to program beneficiaries		515,784	63.00
64.00	Allowable bad debts (see instructions)		1,812,631	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,178,210	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,423,436	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		203,901,443	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)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		1,461,253	70.93
70.94	HRR adjustment amount (see instructions)		-984,544	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/28/2022 5:07 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		204,378,152	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		201,246,081	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		3,132,071	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,743,529	0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2022 5:07 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	155,670,373	0	0	155,670,373	155,670,373
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,046,174	0	0	4,046,174	4,046,174
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	43,282,479	0	0	43,282,479	43,282,479
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.269247	0.269247	0.269247	0.269247	0.269247
6.00	IME payment adjustment (see instructions)	22.00	21,304,892	0	0	21,304,892	21,304,892
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,923,597	0	0	5,923,597	5,923,597
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	21,304,892	0	0	21,304,892	21,304,892
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,923,597	0	0	5,923,597	5,923,597
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0537	0.0537	0.0537	0.0537	0.0537
11.00	Disproportionate share adjustment (see instructions)	34.00	2,089,875	0	0	2,089,875	2,089,875
11.01	Uncompensated care payments	36.00	8,377,740	0	0	8,377,740	8,377,740
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	191,489,054	0	0	191,489,054	191,489,054
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	197,412,651	0	0	197,412,651	197,412,651
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	14,044,314	0	0	14,044,314	14,044,314

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2022 5:07 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	607,047	0	0	607,047	607,047	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	212,064,012	212,064,012	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	12,012,395	0	0	12,012,395	12,012,395	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	137,564	0	0	137,564	137,564	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1176	0.1176	0.1176	0.1176		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,412,658	0	0	1,412,658	1,412,658	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0401	0.0401	0.0401	0.0401		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	481,697	0	0	481,697	481,697	25.00
26.00	Total prospective capital payments (see instructions)	12.00	14,044,314	0	0	14,044,314	14,044,314	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2022 5:07 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	155,670,373		155,670,373	155,670,373	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,046,174		4,046,174	4,046,174	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	43,282,479	0	43,282,479	43,282,479	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.269247	0.269247	0.269247		5.00
6.00	IME payment adjustment (see instructions)	22.00	21,304,892	0	21,304,892	21,304,892	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,923,597	0	5,923,597	5,923,597	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	21,304,892	0	21,304,892	21,304,892	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,923,597	0	5,923,597	5,923,597	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0537	0.0537	0.0537		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,089,875	0	2,089,875	2,089,875	11.00
11.01	Uncompensated care payments	36.00	8,377,740	0	8,377,740	8,377,740	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	191,489,054	0	191,489,054	191,489,054	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	197,412,651	0	197,412,651	197,412,651	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	14,044,314	0	14,044,314	14,044,314	16.00
17.00	Special add-on payments for new technologies	54.00	607,047	0	607,047	607,047	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	212,064,012	212,064,012	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2022 5:07 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	12,012,395	0	12,012,395	12,012,395	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	137,564	0	137,564	137,564	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1176	0.1176	0.1176		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,412,658	0	1,412,658	1,412,658	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0401	0.0401	0.0401		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	481,697	0	481,697	481,697	25.00
26.00	Total prospective capital payments (see instructions)	12.00	14,044,314	0	14,044,314	14,044,314	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	1,461,253	0	1,461,253	1,461,253	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-984,544	0	-984,544	-984,544	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		888,795	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		265,502,671	2.00
3.00	OPPS payments		217,792,977	3.00
4.00	Outlier payment (see instructions)		1,569,786	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		841,279	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		888,795	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,374,167	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)		3,374,167	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)		3,374,167	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,485,372	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)		888,795	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)		220,204,042	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		84,318	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		33,118,241	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)		187,890,278	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,578,064	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)		194,468,342	30.00
31.00	Primary payer payments		15,520	31.00
32.00	Subtotal (line 30 minus line 31)		194,452,822	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)		2,230,268	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,449,674	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,616,235	36.00
37.00	Subtotal (see instructions)		195,902,496	37.00
38.00	MSP-LCC reconciliation amount from PS&R		245	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		7,612	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		195,902,251	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		195,546,295	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		355,956	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,629,570	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		449	2.00
3.00	OPPS payments		297	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		297	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)		59	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)		238	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		238	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		238	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		238	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		238	40.00
40.01	Sequestration adjustment (see instructions)		0	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		237	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		1	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/28/2022 5:07 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		202,511,840		195,753,687	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	06/23/2021	1,265,759	06/23/2021	207,392	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)		-1,265,759		-207,392	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)		201,246,081		195,546,295	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		3,132,071		355,956	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		204,378,152		195,902,251	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0010

Period:

Worksheet E-1

Component CCN: 14-S010

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		851,620		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/23/2021	5,712		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)		5,712		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)		857,332		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		31,609		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		888,941		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0			8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0010
 Component CCN: 14-T010

 Period:
 From 10/01/2020
 To 09/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/28/2022 5:07 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,610,765		237		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)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	06/23/2021	35,871		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)		-35,871		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)		3,574,894		237		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		1		6.01
6.02	SETTLEMENT TO PROGRAM		46,782		0		6.02
7.00	Total Medicare program liability (see instructions)		3,528,112		238		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: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/28/2022 5:07 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 through 12, and 32.			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 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part II Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			858,079 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			9,437 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			5.05 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			5.05 8.00
9.00	Average Daily Census (see instructions)			22.797260 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.108545 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			93,140 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			960,656 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			960,656 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			960,656 18.00
19.00	Deductibles			81,812 19.00
20.00	Subtotal (line 18 minus line 19)			878,844 20.00
21.00	Coinsurance			13,984 21.00
22.00	Subtotal (line 20 minus line 21)			864,860 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,120 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,478 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			27,720 25.00
26.00	Subtotal (sum of lines 22 and 24)			888,338 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			603 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			888,941 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			857,332 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			31,609 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,703 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

Health Financial Systems		NORTHSHORE UNIVERSITY HEALTHSYSTEM		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2020	Worksheet E-3	
		Component CCN: 14-T010	To 09/30/2021	Part III	
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 2/28/2022 5:07 pm	
				PPS	
				1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)			3,285,755	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			153,116	3.00
4.00	Outlier Payments			47,113	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.24	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.24	9.00
10.00	Average Daily Census (see instructions)			11.197260	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.021787	11.00
12.00	Teaching Adjustment (see instructions)			71,587	12.00
13.00	Total PPS Payment (see instructions)			3,557,571	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			3,557,571	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			3,557,571	19.00
20.00	Deductibles			14,764	20.00
21.00	Subtotal (line 19 minus line 20)			3,542,807	21.00
22.00	Coinsurance			20,215	22.00
23.00	Subtotal (line 21 minus line 22)			3,522,592	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,873	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,167	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,168	26.00
27.00	Subtotal (sum of lines 23 and 25)			3,525,759	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0	28.00
29.00	Other pass through costs (see instructions)			2,353	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50
31.98	Recovery of accelerated depreciation.			0	31.98
31.99	Demonstration payment adjustment amount before sequestration			0	31.99
32.00	Total amount payable to the provider (see instructions)			3,528,112	32.00
32.01	Sequestration adjustment (see instructions)			0	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			3,574,894	33.00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-46,782	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			309	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			47,113	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.98	Recovery of accelerated depreciation.		0	14.98
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010		Period: From 10/01/2020 To 09/30/2021		Worksheet E-4 Date/Time Prepared: 2/28/2022 5:07 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.					179.89	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)					0.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					205.77	6.00
7.00	Enter the lesser of line 5 or line 6					179.53	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.	87.92	100.20	188.12		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.	76.71	87.42	164.13		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		5.16			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.17			10.01	
11.00	Total weighted FTE count	76.71	92.58			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	80.64	87.47			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	83.28	85.47			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	80.21	88.51			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	80.21	88.51			17.00	
18.00	Per resident amount	142,391.59	133,940.81			18.00	
19.00	Approved amount for resident costs	11,421,229	11,855,101	23,276,330		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			26.24		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			23,276,330		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	71,407	0	20,464			26.00
27.00	Total Inpatient Days (see instructions)	175,366	175,366	175,366			27.00
28.00	Ratio of inpatient days to total inpatient days	0.407188	0.000000	0.116693			28.00
29.00	Program direct GME amount	9,477,842	0	2,716,185	12,194,027	29.00	
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	110,549	110,549	30.00	
31.00	Net Program direct GME amount				12,083,478	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM 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)		5,776,236	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)		223,688,800	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)		45,161	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		223,643,639	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		267,233,194	42.00
43.00	Primary payer payments (see instructions)		15,520	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		267,217,674	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		490,861,313	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.455615	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.544385	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		12,083,478	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,505,414	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,578,064	50.00

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

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet G

Date/Time Prepared:
2/28/2022 5:07 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	128,990,664	0	0	0	1.00
2.00 Temporary investments	103,732,682	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	329,713,198	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-91,511,843	0	0	0	6.00
7.00 Inventory	28,428,171	0	0	0	7.00
8.00 Prepaid expenses	51,738,140	0	0	0	8.00
9.00 Other current assets	0	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)	551,091,012	0	0	0	11.00
FIXED ASSETS					
12.00 Land	73,457,282	0	0	0	12.00
13.00 Land improvements	33,440,097	0	0	0	13.00
14.00 Accumulated depreciation	-27,983,900	0	0	0	14.00
15.00 Buildings	2,072,257,358	0	0	0	15.00
16.00 Accumulated depreciation	-828,318,363	0	0	0	16.00
17.00 Leasehold improvements	56,301,160	0	0	0	17.00
18.00 Accumulated depreciation	-49,036,520	0	0	0	18.00
19.00 Fixed equipment	441,335,449	0	0	0	19.00
20.00 Accumulated depreciation	-297,943,812	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	0	0	0	0	23.00
24.00 Accumulated depreciation	0	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	122,311,713	0	0	0	27.00
28.00 Accumulated depreciation	-36,766,712	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	1,559,053,752	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	3,893,065,243	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	196,035,604	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	4,089,100,847	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	6,199,245,611	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	191,930,553	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	1,093,236,932	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	1,285,167,485	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	1,183,517,366	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	1,183,517,366	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	2,468,684,851	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	3,730,560,760	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	3,730,560,760	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	6,199,245,611	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-1

Date/Time Prepared:
2/28/2022 5:07 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		2,873,176,756		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,334,030,868				2.00
3.00	Total (sum of line 1 and line 2)		4,207,207,624		0		3.00
4.00	CONTRIBUTIONS TEMPORARILY RESTRICTED	18,449,767		0		0	4.00
5.00	NET REALIZED GAINS ON INVESTMENTS	17,449,470		0		0	5.00
6.00	UNREALIZED INCOME	11,836,268		0		0	6.00
7.00	PENSION & SERP EQUITY ADJUSTMENTS	16,336,240		0		0	7.00
8.00	CHANGE IN BOARD DESIGNATED	27,619		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		64,099,364		0		10.00
11.00	Subtotal (line 3 plus line 10)		4,271,306,988		0		11.00
12.00	NCH INHERENT GAIN	526,114,485		0		0	12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION	14,537,757		0		0	13.00
14.00	NPA EQUITY CORRECTION CY20/FY21	49,072		0		0	14.00
15.00	TRANSFERS TO ENDOWMENTS	44,828		0		0	15.00
16.00	OTHER	86		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		540,746,228		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,730,560,760		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	CONTRIBUTIONS TEMPORARILY RESTRICTED		0				4.00
5.00	NET REALIZED GAINS ON INVESTMENTS		0				5.00
6.00	UNREALIZED INCOME		0				6.00
7.00	PENSION & SERP EQUITY ADJUSTMENTS		0				7.00
8.00	CHANGE IN BOARD DESIGNATED		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	NCH INHERENT GAIN		0				12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION		0				13.00
14.00	NPA EQUITY CORRECTION CY20/FY21		0				14.00
15.00	TRANSFERS TO ENDOWMENTS		0				15.00
16.00	OTHER		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: 14-0010

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	337,680,418		337,680,418	1.00
2.00	SUBPROVIDER - IPF	20,216,458		20,216,458	2.00
3.00	SUBPROVIDER - IRF	8,054,999		8,054,999	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	0		0	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)	365,951,875		365,951,875	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	94,365,371		94,365,371	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	53,827,239		53,827,239	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	148,192,610		148,192,610	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	514,144,485		514,144,485	17.00
18.00	Ancillary services	1,284,278,396	2,902,926,910	4,187,205,306	18.00
19.00	Outpatient services	154,633,873	553,564,462	708,198,335	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		16,656,887	16,656,887	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,779,367	12,779,367	26.00
27.00	OTHER PHYSICIAN REVENUE	0	101,240,705	101,240,705	27.00
27.01	OUTPATIENT SHARED REVENUE	0	298,165,547	298,165,547	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,953,056,754	3,885,333,878	5,838,390,632	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,714,039,800		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	26,640,637			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENSES	8,592,058			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)		35,232,695		36.00
37.00	INDIRECT OPERATING EXPENSE	46,193,204			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)		46,193,204		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,703,079,291		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-3

Date/Time Prepared:
2/28/2022 5:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,838,390,632	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,107,578,423	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,730,812,209	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,703,079,291	4.00
5.00	Net income from service to patients (line 3 minus line 4)	27,732,918	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,062,264	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	654,178	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,314,726	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	14,654	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,504,259	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	264,802	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,746,182	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB REF TEST GRANT INC EPIC INDE R	13,628,744	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE	34,272,912	24.01
24.02	NON OPERATING INCOME	1,292,763,687	24.02
24.03	FEMA / INS PROCEEDS	18,950,809	24.03
24.50	COVID-19 PHE Funding	61,804,362	24.50
25.00	Total other income (sum of lines 6-24)	1,433,981,579	25.00
26.00	Total (line 5 plus line 25)	1,461,714,497	26.00
27.00	INTERCOMPANY TRANSFER	116,428,561	27.00
27.01	LOSS ON INVESTMENTS	11,255,068	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	127,683,629	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,334,030,868	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0010

Period: From 10/01/2020

Worksheet H

HHA CCN: 14-7001

To 09/30/2021

Date/Time Prepared: 2/28/2022 5:07 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	266,630	0	0	266,630
5.00	Administrative and General	2,800,865	609,996	0	901,018	4,311,879
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,943,754	640,742	0	0	3,584,496
7.00	Physical Therapy	2,774,795	603,966	0	0	3,378,761
8.00	Occupational Therapy	269,591	58,680	0	0	328,271
9.00	Speech Pathology	48,114	10,472	0	0	58,586
10.00	Medical Social Services	73,182	15,929	0	0	89,111
11.00	Home Health Aide	65,557	14,269	0	0	79,826
12.00	Supplies (see instructions)	0	0	0	370,713	370,713
13.00	Drugs	0	0	0	6,156	6,156
14.00	DME	0	0	0	2,211,660	2,211,660
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	8,975,858	1,954,054	266,630	3,489,547	14,686,089
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	266,630	0	266,630	4.00
5.00	Administrative and General	0	4,311,879	-724	4,311,155	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	3,584,496	0	3,584,496	6.00
7.00	Physical Therapy	0	3,378,761	0	3,378,761	7.00
8.00	Occupational Therapy	0	328,271	0	328,271	8.00
9.00	Speech Pathology	0	58,586	0	58,586	9.00
10.00	Medical Social Services	0	89,111	0	89,111	10.00
11.00	Home Health Aide	0	79,826	0	79,826	11.00
12.00	Supplies (see instructions)	0	370,713	0	370,713	12.00
13.00	Drugs	0	6,156	0	6,156	13.00
14.00	DME	0	2,211,660	0	2,211,660	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	14,686,089	-724	14,685,365	24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0010

Period:

Worksheet H-1

HHA CCN: 14-7001

From 10/01/2020

Part I

To 09/30/2021

Date/Time Prepared:

2/28/2022 5:07 pm

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation		
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	266,630	0	0	0	266,630		4.00
5.00	Administrative and General	4,311,155	0	0	0	0	4,311,155	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,584,496	0	0	0	118,455	3,702,951	6.00
7.00	Physical Therapy	3,378,761	0	0	0	123,317	3,502,078	7.00
8.00	Occupational Therapy	328,271	0	0	0	14,092	342,363	8.00
9.00	Speech Pathology	58,586	0	0	0	2,903	61,489	9.00
10.00	Medical Social Services	89,111	0	0	0	1,358	90,469	10.00
11.00	Home Health Aide	79,826	0	0	0	6,505	86,331	11.00
12.00	Supplies (see instructions)	370,713	0	0	0	0	370,713	12.00
13.00	Drugs	6,156	0	0	0	0	6,156	13.00
14.00	DME	2,211,660	0	0	0	0	2,211,660	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	14,685,365	0	0	0	266,630	14,685,365	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	4,311,155						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,538,814	5,241,765					6.00
7.00	Physical Therapy	1,455,341	4,957,419					7.00
8.00	Occupational Therapy	142,274	484,637					8.00
9.00	Speech Pathology	25,553	87,042					9.00
10.00	Medical Social Services	37,596	128,065					10.00
11.00	Home Health Aide	35,876	122,207					11.00
12.00	Supplies (see instructions)	154,055	524,768					12.00
13.00	Drugs	2,558	8,714					13.00
14.00	DME	919,088	3,130,748					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		14,685,365					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-1

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	10,107,579	0		3.00
4.00	Transportation (see instructions)	0	0	0	27,094		4.00
5.00	Administrative and General	0	0	0	0	-4,311,155	10,374,210
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,584,496	12,037	0	3,702,951
7.00	Physical Therapy	0	0	3,378,761	12,531	0	3,502,078
8.00	Occupational Therapy	0	0	328,270	1,432	0	342,363
9.00	Speech Pathology	0	0	58,586	295	0	61,489
10.00	Medical Social Services	0	0	89,111	138	0	90,469
11.00	Home Health Aide	0	0	79,826	661	0	86,331
12.00	Supplies (see instructions)	0	0	370,713	0	0	370,713
13.00	Drugs	0	0	6,156	0	0	6,156
14.00	DME	0	0	2,211,660	0	0	2,211,660
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	10,107,579	27,094	-4,311,155	10,374,210
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	266,630		4,311,155
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	9.840924		0.415565

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	45,653	0	173,298	218,951	52,325	1.00
2.00	Skilled Nursing Care	5,241,765	43,607	0	182,139	5,467,511	1,306,638	2.00
3.00	Physical Therapy	4,957,419	32,137	0	171,685	5,161,241	1,233,444	3.00
4.00	Occupational Therapy	484,637	3,198	0	16,680	504,515	120,570	4.00
5.00	Speech Pathology	87,042	696	0	2,977	90,715	21,679	5.00
6.00	Medical Social Services	128,065	1,237	0	4,528	133,830	31,983	6.00
7.00	Home Health Aide	122,207	2,303	0	4,056	128,566	30,725	7.00
8.00	Supplies (see instructions)	524,768	0	0	0	524,768	125,410	8.00
9.00	Drugs	8,714	0	0	0	8,714	2,082	9.00
10.00	DME	3,130,748	0	0	0	3,130,748	748,192	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	14,685,365	128,831	0	555,363	15,369,559	3,673,048	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	152,489	0	36,945	0	20,554	1.00
2.00	Skilled Nursing Care	0	145,652	0	35,289	0	19,627	2.00
3.00	Physical Therapy	0	107,340	0	26,007	0	14,466	3.00
4.00	Occupational Therapy	0	10,682	0	2,588	0	1,439	4.00
5.00	Speech Pathology	0	2,326	0	564	0	311	5.00
6.00	Medical Social Services	0	4,130	0	1,001	0	556	6.00
7.00	Home Health Aide	0	7,691	0	1,863	0	1,033	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	430,310	0	104,257	0	57,986	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2020

Part I

To 09/30/2021

Date/Time Prepared:

2/28/2022 5:07 pm

Home Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	55,470	1.00
2.00	Skilled Nursing Care	0	373,998	0	0	9,582	52,987	2.00
3.00	Physical Therapy	0	0	0	0	9,576	39,063	3.00
4.00	Occupational Therapy	0	0	0	0	1,033	3,914	4.00
5.00	Speech Pathology	0	0	0	0	212	828	5.00
6.00	Medical Social Services	0	0	0	0	139	1,505	6.00
7.00	Home Health Aide	0	0	0	0	279	2,785	7.00
8.00	Supplies (see instructions)	0	0	1,749	0	0	0	8.00
9.00	Drugs	0	0	0	610	0	0	9.00
10.00	DME	0	0	0	0	4,298	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	373,998	1,749	610	25,119	156,552	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
		SPECIFY SERVICE			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		18.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	536,734	0	536,734		1.00
2.00	Skilled Nursing Care	0	0	7,411,284	0	7,411,284	202,367	2.00
3.00	Physical Therapy	0	0	6,591,137	0	6,591,137	179,978	3.00
4.00	Occupational Therapy	0	0	644,741	0	644,741	17,605	4.00
5.00	Speech Pathology	0	0	116,635	0	116,635	3,185	5.00
6.00	Medical Social Services	0	0	173,144	0	173,144	4,728	6.00
7.00	Home Health Aide	0	0	172,942	0	172,942	4,722	7.00
8.00	Supplies (see instructions)	0	0	651,927	0	651,927	17,802	8.00
9.00	Drugs	0	0	11,406	0	11,406	311	9.00
10.00	DME	0	0	3,883,238	0	3,883,238	106,036	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	20,193,188	0	20,193,188	536,734	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.027306	21.00
Cost Center Description		Total HHA Costs 28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	7,613,651						2.00
3.00	Physical Therapy	6,771,115						3.00
4.00	Occupational Therapy	662,346						4.00
5.00	Speech Pathology	119,820						5.00
6.00	Medical Social Services	177,872						6.00
7.00	Home Health Aide	177,664						7.00
8.00	Supplies (see instructions)	669,729						8.00
9.00	Drugs	11,717						9.00
10.00	DME	3,989,274						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	20,193,188						20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2020
To 09/30/2021Worksheet H-2
Part II
Date/Time Prepared:
2/28/2022 5:07 pm

						Home Health Agency I	2/28/2022 5:07 PM PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)				MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	3,212	0	2,800,864	0	218,951	0	1.00
2.00	Skilled Nursing Care	3,068	0	2,943,754	0	5,467,511	0	2.00
3.00	Physical Therapy	2,261	0	2,774,795	0	5,161,241	0	3.00
4.00	Occupational Therapy	225	0	269,591	0	504,515	0	4.00
5.00	Speech Pathology	49	0	48,114	0	90,715	0	5.00
6.00	Medical Social Services	87	0	73,182	0	133,830	0	6.00
7.00	Home Health Aide	162	0	65,557	0	128,566	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	524,768	0	8.00
9.00	Drugs	0	0	0	0	8,714	0	9.00
10.00	DME	0	0	0	0	3,130,748	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,064	0	8,975,857		15,369,559	0	20.00
21.00	Total cost to be allocated	128,831	0	555,363		3,673,048	0	21.00
22.00	Unit cost multiplier	14.213482	0.000000	0.061873		0.238982	0.000000	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	3,212	0	3,212	0	72,449	0	1.00
2.00	Skilled Nursing Care	3,068	0	3,068	0	69,179	0	2.00
3.00	Physical Therapy	2,261	0	2,261	0	50,989	0	3.00
4.00	Occupational Therapy	225	0	225	0	5,071	0	4.00
5.00	Speech Pathology	49	0	49	0	1,097	0	5.00
6.00	Medical Social Services	87	0	87	0	1,958	0	6.00
7.00	Home Health Aide	162	0	162	0	3,642	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,064	0	9,064	0	204,385	0	20.00
21.00	Total cost to be allocated	430,310	0	104,257	0	57,986	0	21.00
22.00	Unit cost multiplier	47.474625	0.000000	11.502317	0.000000	0.283710	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2020
To 09/30/2021Worksheet H-2
Part II
Date/Time Prepared:
2/28/2022 5:07 pm

						Home Health Agency I	PPS
Cost Center Description		NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)
		13.00	14.00	15.00	16.00	17.00	18.00
1.00	Administrative and General	0	0	0	0	737	0
2.00	Skilled Nursing Care	44	0	0	6,353,620	704	0
3.00	Physical Therapy	0	0	0	6,350,162	519	0
4.00	Occupational Therapy	0	0	0	684,959	52	0
5.00	Speech Pathology	0	0	0	140,851	11	0
6.00	Medical Social Services	0	0	0	92,280	20	0
7.00	Home Health Aide	0	0	0	185,029	37	0
8.00	Supplies (see instructions)	0	2,991	0	0	0	0
9.00	Drugs	0	0	4,937	0	0	0
10.00	DME	0	0	0	2,849,986	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	44	2,991	4,937	16,656,887	2,080	0
21.00	Total cost to be allocated	373,998	1,749	610	25,119	156,552	0
22.00	Unit cost multiplier	8,499.954545	0.584754	0.123557	0.001508	75.265385	0.000000
Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		19.00	20.00	21.00	22.00	23.00	23.01
1.00	Administrative and General	0	0	0	0	0	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0
21.00	Total cost to be allocated	0	0	0	0	0	0
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)			
		23.02			
1.00	Administrative and General	0			1.00
2.00	Skilled Nursing Care	0			2.00
3.00	Physical Therapy	0			3.00
4.00	Occupational Therapy	0			4.00
5.00	Speech Pathology	0			5.00
6.00	Medical Social Services	0			6.00
7.00	Home Health Aide	0			7.00
8.00	Supplies (see instructions)	0			8.00
9.00	Drugs	0			9.00
10.00	DME	0			10.00
11.00	Home Dialysis Aide Services	0			11.00
12.00	Respiratory Therapy	0			12.00
13.00	Private Duty Nursing	0			13.00
14.00	Clinic	0			14.00
15.00	Health Promotion Activities	0			15.00
16.00	Day Care Program	0			16.00
17.00	Home Delivered Meals Program	0			17.00
18.00	Homemaker Service	0			18.00
19.00	All Others (specify)	0			19.00
19.50	Telemedicine	0			19.50
20.00	Total (sum of lines 1-19)	0			20.00
21.00	Total cost to be allocated	0			21.00
22.00	Unit cost multiplier	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	7,613,651		7,613,651	29,628	256.97	1.00
2.00	Physical Therapy	3.00	6,771,115	0	6,771,115	30,223	224.04	2.00
3.00	Occupational Therapy	4.00	662,346	0	662,346	3,260	203.17	3.00
4.00	Speech Pathology	5.00	119,820	0	119,820	637	188.10	4.00
5.00	Medical Social Services	6.00	177,872		177,872	366	485.99	5.00
6.00	Home Health Aide	7.00	177,664		177,664	1,401	126.81	6.00
7.00	Total (sum of lines 1-6)		15,522,468	0	15,522,468	65,515		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	2,993			8.00
8.01	Skilled Nursing Care		16984	0	5,688			8.01
8.02	Skilled Nursing Care		29404	0	3,356			8.02
9.00	Physical Therapy		16974	0	3,064			9.00
9.01	Physical Therapy		16984	0	5,818			9.01
9.02	Physical Therapy		29404	0	3,649			9.02
10.00	Occupational Therapy		16974	0	385			10.00
10.01	Occupational Therapy		16984	0	817			10.01
10.02	Occupational Therapy		29404	0	230			10.02
11.00	Speech Pathology		16974	0	70			11.00
11.01	Speech Pathology		16984	0	183			11.01
11.02	Speech Pathology		29404	0	42			11.02
12.00	Medical Social Services		16974	0	25			12.00
12.01	Medical Social Services		16984	0	93			12.01
12.02	Medical Social Services		29404	0	20			12.02
13.00	Home Health Aide		16974	0	129			13.00
13.01	Home Health Aide		16984	0	376			13.01
13.02	Home Health Aide		29404	0	156			13.02
14.00	Total (sum of lines 8-13)			0	27,094			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	669,729	0	669,729	0	0.000000	15.00
16.00	Cost of Drugs	9.00	11,717	0	11,717	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B	Subject to Deductibles & Coinsurance	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	12,037		0	3,093,148		1.00
2.00	Physical Therapy	0	12,531		0	2,807,445		2.00
3.00	Occupational Therapy	0	1,432		0	290,939		3.00
4.00	Speech Pathology	0	295		0	55,490		4.00
5.00	Medical Social Services	0	138		0	67,067		5.00
6.00	Home Health Aide	0	661		0	83,821		6.00
7.00	Total (sum of lines 1-6)	0	27,094		0	6,397,910		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
8.00	Limitation Cost Computation								8.00
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	1,876	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	3,093,148						1.00	
2.00	Physical Therapy	2,807,445						2.00	
3.00	Occupational Therapy	290,939						3.00	
4.00	Speech Pathology	55,490						4.00	
5.00	Medical Social Services	67,067						5.00	
6.00	Home Health Aide	83,821						6.00	
7.00	Total (sum of lines 1-6)	6,397,910						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.426741	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.392500	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.349722	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.466296	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.281559	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2020 To 09/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	10,777,296	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	10,777,296	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	10,777,296	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	6,719,203
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	76,620
13.00	Total PPS Reimbursement - LUPA Episodes		0	171,416
14.00	Total PPS Reimbursement - PEP Episodes		0	14,607
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	20,750
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	7,002,596
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	7,002,596
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	7,002,596
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	7,002,596
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	7,002,596
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	7,002,596
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2020
To 09/30/2021Worksheet H-5
Date/Time Prepared:
2/28/2022 5:07 pm

				Home Health Agency I	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		0		7,002,596
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		7,002,596
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		7,002,596
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

				Hospice I		2/28/2022 5:07 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	28,162	28,162	0	28,162	3.00
4.00	ADMINISTRATIVE & GENERAL*	523,781	85,918	609,699	0	609,699	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	49,372	49,372	0	49,372	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	454	454	0	454	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	642	642	0	642	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	112,250	112,250	0	112,250	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	103,887	22,627	126,514	0	126,514	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	19,665	19,665	0	19,665	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		738,601	738,601	0	738,601	25.00
26.00	PHYSICIAN SERVICES**	267,189	44,969	312,158	0	312,158	26.00
27.00	NURSE PRACTITIONER**	30,388	6,619	37,007	0	37,007	27.00
28.00	REGISTERED NURSE**	1,333,577	290,457	1,624,034	0	1,624,034	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	320,921	69,898	390,819	0	390,819	33.00
34.00	SPIRITUAL COUNSELING**	240,365	52,352	292,717	0	292,717	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	571,873	571,873	0	571,873	38.00
39.00	PATIENT TRANSPORTATION**	0	50,030	50,030	0	50,030	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	238,076	238,076	0	238,076	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	578,734	578,734	0	578,734	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	186,300	40,576	226,876	0	226,876	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	145,730	31,740	177,470	0	177,470	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	863,299	173,876	1,037,175	0	1,037,175	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	62,413	62,413	0	62,413	71.00
100.00	TOTAL	4,015,437	3,269,304	7,284,741	0	7,284,741	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	28,162	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	609,699	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	49,372	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	454	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	642	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	112,250	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	126,514	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	19,665	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	738,601	25.00
26.00	PHYSICIAN SERVICES**	0	312,158	26.00
27.00	NURSE PRACTITIONER**	0	37,007	27.00
28.00	REGISTERED NURSE**	0	1,624,034	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	390,819	33.00
34.00	SPIRITUAL COUNSELING**	0	292,717	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	571,873	38.00
39.00	PATIENT TRANSPORTATION**	0	50,030	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	238,076	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	578,734	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	-10,632	216,244	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	177,470	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	1,037,175	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	15,710	15,710	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	62,413	71.00
100.00	TOTAL	5,078	7,289,819	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0010

Period:

Worksheet 0-2

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

						Hospice I		2/26/2022 5:07 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED							25.00	
26.00	PHYSICIAN SERVICES	252,140	42,436	294,576	0	294,576		26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0		27.00	
28.00	REGISTERED NURSE	1,333,577	290,457	1,624,034	0	1,624,034		28.00	
29.00	LPN/LVN	0	0	0	0	0		29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	320,921	69,898	390,819	0	390,819		33.00	
34.00	SPIRITUAL COUNSELING	240,365	52,352	292,717	0	292,717		34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0		35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0		36.00	
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	571,873	571,873	0	571,873		38.00	
39.00	PATIENT TRANSPORTATION	0	50,030	50,030	0	50,030		39.00	
40.00	IMAGING SERVICES	0	0	0	0	0		40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	238,076	238,076	0	238,076		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	578,734	578,734	0	578,734		42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0		43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0		44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0		45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	186,300	29,943	216,243	0	216,243		46.00	
100.00	TOTAL *	2,333,303	1,923,799	4,257,102	0	4,257,102		100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	294,576	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,624,034	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	390,819	33.00
34.00	SPIRITUAL COUNSELING	0	292,717	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	571,873	38.00
39.00	PATIENT TRANSPORTATION	0	50,030	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	238,076	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	578,734	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	216,243	46.00
100.00	TOTAL *	0	4,257,102	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 14-0010
Hospice CCN: 14-1522

Period:
From 10/01/2020
To 09/30/2021

Worksheet 0-3
Date/Time Prepared:
2/28/2022 5:07 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,633	10,633	0	10,633	46.00
100.00	TOTAL *	0	10,633	10,633	0	10,633	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-10,632	1	46.00
100.00	TOTAL *	-10,632	1	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 14-0010

Period:

Worksheet 0-4

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

						Hospice I		2/28/2022 3:07 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		738,601	738,601	0	738,601		25.00	
26.00	PHYSICIAN SERVICES	15,049	2,533	17,582	0	17,582		26.00	
27.00	NURSE PRACTITIONER	30,388	6,619	37,007	0	37,007		27.00	
28.00	REGISTERED NURSE	0	0	0	0	0		28.00	
29.00	LPN/LVN	0	0	0	0	0		29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0		33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0		34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0		35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0		36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0		38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0		39.00	
40.00	IMAGING SERVICES	0	0	0	0	0		40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0		43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0		44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0		45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0		46.00	
100.00	TOTAL *	45,437	747,753	793,190	0	793,190		100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	738,601	25.00
26.00	PHYSICIAN SERVICES	0	17,582	26.00
27.00	NURSE PRACTITIONER	0	37,007	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	793,190	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 14-0010

Period:

Worksheet 0-5

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	57,067	57,067	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	28,162	248,447	276,609	3.00
4.00	ADMINISTRATIVE & GENERAL	609,699	1,841,350	2,451,049	4.00
5.00	PLANT OPERATION & MAINTENANCE	49,372	190,611	239,983	5.00
6.00	LAUNDRY & LINEN SERVICE	454	0	454	6.00
7.00	HOUSEKEEPING	0	46,182	46,182	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	178,499	178,499	9.00
10.00	ROUTINE MEDICAL SUPPLIES	642	375	1,017	10.00
11.00	MEDICAL RECORDS	0	19,271	19,271	11.00
12.00	STAFF TRANSPORTATION	112,250	0	112,250	12.00
13.00	VOLUNTEER SERVICE COORDINATION	126,514	0	126,514	13.00
14.00	PHARMACY	0	71,537	71,537	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	19,665	0	19,665	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	793,601	793,601	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,257,102	0	4,257,102	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	793,190	0	793,190	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	177,470	0	177,470	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	1,037,175	0	1,037,175	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	15,710	0	15,710	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	62,413	0	62,413	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,289,819	3,446,940	10,736,759	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	57,067	57,067					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	276,609	0	0	276,609			3.00
4.00	ADMINISTRATIVE & GENERAL	2,451,049	33,686	0	36,081	2,520,816		4.00
5.00	PLANT OPERATION & MAINTENANCE	239,983	0	0	0	239,983		5.00
6.00	LAUNDRY & LINEN SERVICE	454	0	0	0	454		6.00
7.00	HOUSEKEEPING	46,182	0	0	0	46,182		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	178,499	0	0	0	178,499		9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,017	0	0	0	1,017		10.00
11.00	MEDICAL RECORDS	19,271	0	0	0	19,271		11.00
12.00	STAFF TRANSPORTATION	112,250	0	0	0	112,250		12.00
13.00	VOLUNTEER SERVICE COORDINATION	126,514	9,068	0	7,156	142,738		13.00
14.00	PHARMACY	71,537	0	0	0	71,537		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	19,665	0	0	0	19,665		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		793,601		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	4,257,102			160,734	4,417,836		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	0	0	1		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	793,190	2,317	0	3,130	798,637		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	177,470	11,484	0	10,039	198,993		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	1,037,175	512	0	59,469	1,097,156		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	15,710				15,710		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	62,413	0	0	0	62,413		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	10,736,759	57,067	0	276,609	10,736,759		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	2,520,816						4.00
5.00	PLANT OPERATION & MAINTENANCE	73,773	313,756					5.00
6.00	LAUNDRY & LINEN SERVICE	140	0		594			6.00
7.00	HOUSEKEEPING	14,197	0			60,379		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	54,872	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	313	0			0		10.00
11.00	MEDICAL RECORDS	5,924	0			0		11.00
12.00	STAFF TRANSPORTATION	34,507	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	43,879	121,688			23,418		13.00
14.00	PHARMACY	21,991	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	6,045	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	243,959	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,358,076						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		40	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	245,507	31,090		554	5,983	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	61,172	154,112			29,657		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	337,275	6,866			1,321		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	19,186	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	2,520,816	313,756		594	60,379	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020

Part I

To 09/30/2021

Date/Time Prepared:

2/28/2022 5:07 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	233,371				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,330			10.00
11.00	MEDICAL RECORDS	0		25,195		11.00
12.00	STAFF TRANSPORTATION	0			146,757	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	331,723
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	233,371	1,302	24,658	146,757	331,723
52.00	HOSPICE INPATIENT RESPITE CARE	0	2	36	0	0
53.00	HOSPICE GENERAL INPATIENT CARE	0	26	501	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	0
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	233,371	1,330	25,195	146,757	331,723

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 5:07 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	93,528					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		25,710			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				1,037,560		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	93,528	0	20,618		6,627,869	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	69,907	69,986	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	255	967,653	2,050,206	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		1,273		445,207	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		3,564		1,446,182	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					15,710	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	81,599	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	93,528	0	25,710	1,037,560	10,736,759	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,015					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,015,437			3.00
4.00	ADMINISTRATIVE & GENERAL	2,370	0	523,781	-2,520,816	8,200,233	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	239,983	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	454	6.00
7.00	HOUSEKEEPING	0	0	0	0	46,182	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	178,499	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	1,017	10.00
11.00	MEDICAL RECORDS	0	0	0	0	19,271	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	112,250	12.00
13.00	VOLUNTEER SERVICE COORDINATION	638	0	103,887	0	142,738	13.00
14.00	PHARMACY	0	0	0	0	71,537	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	19,665	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	793,601	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,333,303	0	4,417,836	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	163	0	45,437	0	798,637	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	808	0	145,730	0	198,993	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	36	0	863,299	0	1,097,156	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-15,710		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	62,413	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	57,067	0	276,609		2,520,816	100.00
101.00	UNIT COST MULTIPLIER	14.213450	0.000000	0.068886		0.307408	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,645					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,128				6.00
7.00	HOUSEKEEPING	0		1,645			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		21	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	638		638		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					21	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	76	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	163	1,052	163	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	808		808		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	36		36		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	313,756	594	60,379	0	233,371	100.00
101.00	UNIT COST MULTIPLIER	190.733131	0.526596	36.704559	0.000000	11,112.904762	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	52,947						10.00
11.00	MEDICAL RECORDS		52,947					11.00
12.00	STAFF TRANSPORTATION			195,218				12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	2,080		13.00
14.00	PHARMACY				0	0	578,734	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	51,819	51,819	195,218	2,080	578,734		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	76	76	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,052	1,052	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM			0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	0	61.00
62.00	FUNDRAISING			0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	0	66.00
67.00	ADVERTISING			0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	0	68.00
69.00	THRIFT STORE			0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,330	25,195	146,757	331,723	93,528		100.00
101.00	UNIT COST MULTIPLIER	0.025119	0.475853	0.751760	159.482212	0.161608		101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 5:07 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		101			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,128		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	81			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	76		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	1,052		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		5			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		14			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	25,710	1,037,560		100.00
101.00	UNIT COST MULTIPLIER	0.000000	254.554455	919.822695		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0010

Period:

Worksheet 0-7

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021

Date/Time Prepared:
2/28/2022 5:07 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.426741	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.392500	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.349722	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.281559	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.209225	0	0	0	6.00
6.01	VASCULAR LAB	60.01	0.104251	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.466296	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.107866	0	0	0	9.00
10.00	BLANK	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.524194	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	VASCULAR LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	BLANK	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0010

Period:

Worksheet 0-8

Hospice CCN: 14-1522

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/28/2022 5:07 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			6,627,869	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			51,819	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			127.90	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	46,634	1,418		9.00
10.00	Program cost (line 8 times line 9)	5,964,489	181,362		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			69,986	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			76	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			920.87	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	68	3		14.00
15.00	Program cost (line 13 times line 14)	62,619	2,763		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,050,206	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,052	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,948.87	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	779	86		19.00
20.00	Program cost (line 18 times line 19)	1,518,170	167,603		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,748,061	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			52,947	22.00
23.00	Average cost per diem (line 21 divided by line 22)			165.22	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0010	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/28/2022 5:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,012,395	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		137,564	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)		446.46	3.00
4.00	Number of interns & residents (see instructions)		175.92	4.00
5.00	Indirect medical education percentage (see instructions)		11.76	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)		1,412,658	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.63	8.00
9.00	Sum of lines 7 and 8		19.42	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.01	10.00
11.00	Disproportionate share adjustment (see instructions)		481,697	11.00
12.00	Total prospective capital payments (see instructions)		14,044,314	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