

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: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/26/2021 12:13 pm
--	-----------------------	---------------------------------------	---

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER (14-0018) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 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.

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-3,142,286	70,926	0	0	1.00
2.00	Subprovider - IPF	0	24,863	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
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
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-3,117,423	70,926	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: 14-0018		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/26/2021 12:13 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 15TH STREET & CALIFORNIA AVE			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60608-		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		MOUNT SINAI HOSPITAL MEDICAL CENTER		140018	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		MOUNT SINAI HOSPITAL MEDICAL CENTER		14S018	16974	4	07/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis		MOUNT SINAI HOSPITAL MEDICAL CENTER		142302	16974		01/01/2004			
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020		06/30/2021		
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		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations 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.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		N		23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

MCRIF32 - 16.12.172.6

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/26/2021 12:13 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)		23.02	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

			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: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/26/2021 12:13 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)	N	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.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			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.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/26/2021 12:13 pm	
				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	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	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	0	118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/26/2021 12:13 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)	Y		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:		141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:		143.00
				1.00
144.00	Are provider based physicians' costs included in worksheet A?	Y		144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N
				1.00
Multicampus				
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00
		Name	County	State
		0	1.00	2.00
				3.00
				4.00
				5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			
				0.00
				1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00		169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/26/2021 12:13 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: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/26/2021 12:13 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		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.	Y		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/26/2021 12:13 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		N	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.		Y	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.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	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.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	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.	MICHAEL	CADDICK	41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT GROUP, LLC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708 466 7240	MICHAEL.CADDICK@SRGROUPLLC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/26/2021 12:13 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.	CONSULT TO THE PROVIDER		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: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/26/2021 12:13 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	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	14	5,110	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		236	86,140	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		264				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/26/2021 12:13 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)	6,190	6,732	42,052			1.00
2.00	HMO and other (see instructions)	6,428	24,760				2.00
3.00	HMO IPF Subprovider	0	3,571				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,190	6,732	42,052			7.00
8.00	INTENSIVE CARE UNIT	342	391	2,932			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	39	3,368			8.01
9.00	CORONARY CARE UNIT	514	179	4,146			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		473	2,579			13.00
14.00	Total (see instructions)	7,046	7,814	55,077	102.44	1,361.72	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	546	547	5,113	0.00	33.12	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				102.44	1,394.84	27.00
28.00	Observation Bed Days		0	5,204			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	398	581			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/26/2021 12:13 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	1,126	1,172	9,470	1.00
2.00 HMO and other (see instructions)			941	4,915		2.00
3.00 HMO IPF Subprovider				675		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 BURN INTENSIVE CARE UNIT						10.01
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	1,126	1,172	9,470	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	87	151	975	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/26/2021 12:13 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	110,842,600	-9,880,205	100,962,395	2,901,286.00	34.80
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
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	6,813,186	-3,210,552	3,602,634	194,499.00	18.52
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,731,904	-23,499	3,708,405	99,794.00	37.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,147,382	0	5,147,382	62,809.00	81.95
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,470,737	0	1,470,737	4,160.00	353.54
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		20,631,818	0	20,631,818	377,432.00	54.66
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)		15,382,596	0	15,382,596		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		582,867	0	582,867		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		590,836	0	590,836		
25.50	Home office wage-related (core)		3,042,778	0	3,042,778		
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: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/26/2021 12:13 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	48,649	500	49,149	2,152.00	22.84	26.00
27.00	Administrative & General	5.00	7,663,696	-587,347	7,076,349	154,866.00	45.69	27.00
28.00	Administrative & General under contract (see inst.)		345,325	0	345,325	1,589.00	217.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,969,584	0	1,969,584	60,223.00	32.70	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,942,373	0	2,942,373	170,875.00	17.22	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,229,878	-1,238,862	991,016	86,864.00	11.41	34.00
35.00	Dietary under contract (see instructions)		0	1,307,308	1,307,308	29,172.00	44.81	35.00
36.00	Cafeteria	11.00	0	1,238,862	1,238,862	57,909.00	21.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	820,436	0	820,436	48,757.00	16.83	38.00
39.00	Central Services and Supply	14.00	585,535	0	585,535	28,911.00	20.25	39.00
40.00	Pharmacy	15.00	4,367,444	-249,429	4,118,015	98,301.00	41.89	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	7,312	0	7,312	0.00	0.00	42.00
43.00	Other General Service	18.00	0	284,429	284,429	8,400.00	33.86	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/26/2021 12:13 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)	104,374,739	-5,362,345	99,012,394	2,737,548.00	36.17	1.00
2.00	Excluded area salaries (see instructions)	3,731,904	-23,499	3,708,405	99,794.00	37.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,642,835	-5,338,846	95,303,989	2,637,754.00	36.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,249,937	0	27,249,937	444,401.00	61.32	4.00
5.00	Subtotal wage-related costs (see inst.)	18,425,374	0	18,425,374	0.00	19.33	5.00
6.00	Total (sum of lines 3 thru 5)	146,318,146	-5,338,846	140,979,300	3,082,155.00	45.74	6.00
7.00	Total overhead cost (see instructions)	20,980,232	755,461	21,735,693	748,019.00	29.06	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/26/2021 12:13 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	848,119	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	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)	0	8.02
8.03	Health Insurance (Purchased)	5,834,678	8.03
9.00	Prescription Drug Plan	1,512,673	9.00
10.00	Dental, Hearing and Vision Plan	102,187	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	86,404	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)	829,172	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	246,597	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	7,094,430	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	437	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,602	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,556,299	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: 14-0018

 Period:
 From 07/01/2020
 To 06/30/2021

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/26/2021 12:13 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	5,147,382	16,556,299	1.00
2.00	Hospital	5,147,382	16,556,299	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-5

Date/Time Prepared:
11/26/2021 12:13 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	78	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00	0.00	0.00	3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	314	0					5.00	
6.00	Number of stations	11	0	0		0		6.00	
7.00	Treatment capacity per day per station	4	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0	11.00	
12.00	Number of patients transplanted during the cost reporting period						0	12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)			0	0	0	0	22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-5

Date/Time Prepared:
11/26/2021 12:13 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/26/2021 12:13 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)		0.192543		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		181,044,599		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		572,828,253		6.00
7.00	Medicaid cost (line 1 times line 6)		110,294,070		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)		0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		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)	140,578,955	2,180,652	142,759,607	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	27,067,494	2,180,652	29,248,146	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)	27,067,494	2,180,652	29,248,146	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)		32,201,576		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,473,682		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,267,202		27.01
28.00	Non-Medicare bad debt expense (see instructions)		29,934,374		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,557,174		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		35,805,320		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		35,805,320		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/26/2021 12:13 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	0	0	6,294,260	6,294,260
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	7,214,713	7,214,713
3.00	00300	OTHER CAP REL COSTS	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	48,649	16,200,240	16,248,889	16,248,889
5.01	00540	NONPATIENT TELEPHONES	392,957	-19	392,938	392,938
5.02	00550	DATA PROCESSING	0	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	0	-148,487	-148,487	-3,106
5.04	00570	ADMITTING	1,301,427	69,299	1,370,726	-587,347
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,969,312	77,405,920	83,375,232	-11,204,609
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	1,969,584	14,704,520	16,674,104	-657,650
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,064,483	1,064,483	0
9.00	00900	HOUSEKEEPING	2,942,373	2,229,489	5,171,862	-68,550
10.00	01000	DIETARY	2,229,878	3,097,154	5,327,032	-5,118,007
11.00	01100	CAFETERIA	0	0	0	5,118,007
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	820,436	1,082,935	1,903,371	0
14.00	01400	CENTRAL SERVICES & SUPPLY	585,535	94,130	679,665	-82,454
15.00	01500	PHARMACY	4,367,444	18,460,782	22,828,226	-11,869,639
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0
17.00	01700	SOCIAL SERVICE	7,312	13,912	21,224	0
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	284,429
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,813,186	1,621,528	8,434,714	-3,210,552
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	403,241
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	221,072	7,486	228,558	255,950
23.04	02304	MEDICAL STUDENT EDUCATION	713,733	604,000	1,317,733	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,097,903	7,179,802	33,277,705	-1,964,383
31.00	03100	INTENSIVE CARE UNIT	4,127,776	679,910	4,807,686	-28,081
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,723,540	218,181	2,941,721	-985,669
32.00	03200	CORONARY CARE UNIT	4,573,802	667,972	5,241,774	-579,644
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	2,797,099	446,702	3,243,801	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	8,753	5,653	14,406	813,431
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,841,811	19,323,304	29,165,115	-12,538,893
51.00	05100	RECOVERY ROOM	1,050,792	78,984	1,129,776	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,417,102	724,038	4,141,140	-401,022
53.00	05300	ANESTHESIOLOGY	496,762	5,765,430	6,262,192	-120,115
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,727,780	1,148,725	6,876,505	-818,485
55.00	05500	RADIOLOGY-THERAPEUTIC	480,549	802,446	1,282,995	0
56.00	05600	RADIOISOTOPE	165,413	29,899	195,312	0
57.00	05700	CT SCAN	834,111	235,998	1,070,109	0
58.00	05800	MRI	342,939	181,143	524,082	-115,314
59.00	05900	CARDIAC CATHETERIZATION	587,020	1,860,408	2,447,428	-903,577
60.00	06000	LABORATORY	729,408	13,585,836	14,315,244	-11,130
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,871,386	1,871,386	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,265,090	1,525,009	3,790,099	-1,762,125
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	257,340
66.00	06600	PHYSICAL THERAPY	372,614	13,494	386,108	0
67.00	06700	OCCUPATIONAL THERAPY	313,837	7,310	321,147	0
68.00	06800	SPEECH PATHOLOGY	168,837	6,532	175,369	0
69.00	06900	ELECTROCARDIOLOGY	768,774	1,802,940	2,571,714	-979,079
70.00	07000	ELECTROENCEPHALOGRAPHY	312,409	192,535	504,944	-10,635
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,042,008

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,583,032	6,583,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,565,138	17,565,138	73.00
74.00	07400	RENAL DIALYSIS	1,597,737	1,057,679	2,655,416	60,861	2,716,277	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,432,060	6,688,009	8,120,069	-5,951,449	2,168,620	90.01
90.02	04951	MSH SPECIALTY CLINIC	558,342	125,303	683,645	0	683,645	90.02
90.03	04952	UNDER THE RAINBOW	1,072,402	37,856	1,110,258	0	1,110,258	90.03
90.04	09002	SPASTICITY CLINIC	66,831	26,242	93,073	0	93,073	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,559,615	503,983	2,063,598	0	2,063,598	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	779,563	292,625	1,072,188	0	1,072,188	90.06
91.00	09100	EMERGENCY	7,189,031	1,728,613	8,917,644	2,079,105	10,996,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,842,600	205,321,319	316,163,919	0	316,163,919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	16	16	0	16	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	110,842,600	205,321,335	316,163,935	0	316,163,935	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-809,745	5,484,515	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,214,713	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-152,028	16,096,861	4.00
5.01	00540	NONPATIENT TELEPHONES	-104,000	288,938	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,917,851	1,766,258	5.03
5.04	00570	ADMITTING	0	783,379	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,415,247	13,415,247	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-34,298,632	37,871,991	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,755,184	14,261,270	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,064,483	8.00
9.00	00900	HOUSEKEEPING	-11,081	5,092,231	9.00
10.00	01000	DIETARY	0	209,025	10.00
11.00	01100	CAFETERIA	-1,236,426	3,881,581	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-537,281	1,366,090	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	597,211	14.00
15.00	01500	PHARMACY	-3,526,033	7,432,554	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,693	-1,693	16.00
17.00	01700	SOCIAL SERVICE	1,886,152	1,907,376	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	284,429	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-1,363,724	3,860,438	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	403,241	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	484,508	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-1,314,733	3,000	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,334,047	22,979,275	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,779,605	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,956,052	31.01
32.00	03200	CORONARY CARE UNIT	0	4,662,130	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-637,508	2,606,293	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	827,837	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,975,425	8,650,797	50.00
51.00	05100	RECOVERY ROOM	0	1,129,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,740,118	52.00
53.00	05300	ANESTHESIOLOGY	-5,624,498	517,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-482,299	5,575,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-323,596	959,399	55.00
56.00	05600	RADIOISOTOPE	0	195,312	56.00
57.00	05700	CT SCAN	0	1,070,109	57.00
58.00	05800	MRI	0	408,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	-818,486	725,365	59.00
60.00	06000	LABORATORY	-987,382	13,316,732	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,871,386	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-563,264	1,464,710	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	257,340	65.01
66.00	06600	PHYSICAL THERAPY	0	386,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	321,147	67.00
68.00	06800	SPEECH PATHOLOGY	0	175,369	68.00
69.00	06900	ELECTROCARDIOLOGY	-656,971	935,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	494,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,042,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,583,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-10,724,751	6,840,387	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet A
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
74.00	07400	RENAL DIALYSIS	0	2,716,277	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	-409,512	1,759,108	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	683,645	90.02
90.03	04952	UNDER THE RAINBOW	-21,770	1,088,488	90.03
90.04	09002	SPASTICITY CLINIC	0	93,073	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	-13,804	2,049,794	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	-2,500	1,069,688	90.06
91.00	09100	EMERGENCY	-1,563,035	9,433,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-67,030,158	249,133,761	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	16	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-67,030,158	249,133,777	200.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/26/2021 12:13 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY COSTS					
1.00	NURSERY	43.00	754,054	60,407	1.00
TOTALS			754,054	60,407	
B - DEPR EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,709,986	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,771,437	2.00
TOTALS			0	8,481,423	
C - THORACIC MED SALRARY RECLASS					
1.00	PULMONARY FUNCTION TESTING	65.01	257,340	0	1.00
TOTALS			257,340	0	
D - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,972,962	1.00
TOTALS			0	1,972,962	
E - MEDICAL SUPPLY & IMPL DEVICES RECLAS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,042,008	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
19.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,583,032	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
TOTALS			0	19,625,040	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,565,138	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	17,565,138	
G - EQUIPMENT RENTAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,443,276	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
TOTALS			0	2,443,276	
H - ER REGISTRATION RECLASS					
1.00	EMERGENCY	91.00	302,918	0	1.00
TOTALS			302,918	0	
I - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	611,312	1.00
2.00		0.00	0	0	2.00
TOTALS			0	611,312	
J - O/P REGISTRATION RECLASS					
1.00	OUTPATIENT ACCOUNTING	18.01	284,429	0	1.00
TOTALS			284,429	0	
K - BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	18,304	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	13,750	0	3.00
4.00	CORONARY CARE UNIT	32.00	3,000	0	4.00
5.00	OPERATING ROOM	50.00	6,500	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	1,750	0	6.00
7.00	RENAL DIALYSIS	74.00	400	0	7.00
8.00	OUTPATIENT CHEMOTHERAPY	90.01	500	0	8.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/26/2021 12:13 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	EMERGENCY	91.00	4,000	0	9.00
	TOTALS		48,704	0	
M - DIETARY / CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,238,862	0	1.00
2.00	CAFETERIA	11.00	0	3,879,145	2.00
	TOTALS		1,238,862	3,879,145	
N - PHARMACY RESIDENCY RECLASS					
1.00	PHARMACY RESIDENCY PROGRAM	23.02	249,429	0	1.00
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	6,521	2.00
3.00		0.00	0	0	3.00
	TOTALS		249,429	6,521	
O - RECLASS SINAI HLTH SYS EXPENSES					
1.00	ADULTS & PEDIATRICS	30.00	0	3,552,107	1.00
2.00	SUBPROVIDER - IPF	40.00	0	272,928	2.00
3.00	OPERATING ROOM	50.00	0	1,854,434	3.00
4.00	ANESTHESIOLOGY	53.00	0	496,491	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	482,299	5.00
6.00	LABORATORY	60.00	0	374,618	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	88,721	7.00
8.00	EMERGENCY	91.00	0	2,807,311	8.00
	TOTALS		0	9,928,909	
S - RENAL DIALYSIS PHYSICIAN RCL					
1.00	RENAL DIALYSIS	74.00	65,251	0	1.00
	TOTALS		65,251	0	
T - RESIDENCY PROGRAM COSTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	403,241	0	1.00
	COSTS APPRV				
	TOTALS		403,241	0	
500.00	Grand Total: Increases		3,604,228	64,574,133	500.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/26/2021 12:13 pm

	Decreases						11/26/2021 12:13 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY COSTS						
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	754,054	60,407	0		1.00
	TOTALS		754,054	60,407			
	B - DEPR EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,481,423	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	8,481,423			
	C - THORACIC MED SALARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	257,340	0	0		1.00
	TOTALS		257,340	0			
	D - INTEREST EXPENSE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,972,962	11		1.00
	TOTALS		0	1,972,962			
	E - MEDICAL SUPPLY & IMPL DEVICES RECLAS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,845,041	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	170,341	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	576,924	0		3.00
4.00	OPERATING ROOM	50.00	0	6,476,622	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	401,022	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	120,115	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	698,125	0		7.00
8.00	MRI	58.00	0	115,314	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	675,402	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	931,973	0		10.00
11.00	EMERGENCY	91.00	0	1,031,124	0		11.00
19.00	OPERATING ROOM	50.00	0	5,255,423	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,360	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	228,175	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	979,079	0		22.00
	TOTALS		0	19,625,040			
	F - PHARMACY RECLASS						
1.00		0.00	0	0	0		1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	5,951,449	0		2.00
3.00	PHARMACY	15.00	0	11,613,689	0		3.00
	TOTALS		0	17,565,138			
	G - EQUIPMENT RENTAL RECLASS						
1.00		0.00	0	0	14		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	3,106	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	138,912	0		3.00
4.00	OPERATION OF PLANT	7.00	0	657,650	0		4.00
5.00	HOUSEKEEPING	9.00	0	68,550	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	82,454	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	54,091	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	28,081	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	2,720	0		9.00
10.00	OPERATING ROOM	50.00	0	806,848	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	867	0		11.00
12.00	LABORATORY	60.00	0	11,130	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	572,812	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,635	0		14.00
15.00	RENAL DIALYSIS	74.00	0	4,390	0		15.00
16.00	NURSERY	43.00	0	1,030	0		16.00
	TOTALS		0	2,443,276			
	H - ER REGISTRATION RECLASS						
1.00	ADMITTING	5.04	302,918	0	0		1.00
	TOTALS		302,918	0			
	I - INSURANCE RECLASS						
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	611,312	0		2.00
	TOTALS		0	611,312			
	J - O/P REGISTRATION RECLASS						
1.00	ADMITTING	5.04	284,429	0	0		1.00
	TOTALS		284,429	0			
	K - BONUS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	500	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,304	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	13,750	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	3,000	0		4.00
5.00	OPERATING ROOM	50.00	0	6,500	0		5.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/26/2021 12:13 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,750	0	6.00
7.00	RENAL DIALYSIS	74.00	0	400	0	7.00
8.00	OUTPATIENT CHEMOTHERAPY	90.01	0	500	0	8.00
9.00	EMERGENCY	91.00	0	4,000	0	9.00
	TOTALS		0	48,704		
M - DIETARY / CAFETERIA RECLASS						
1.00	DIETARY	10.00	1,238,862	0	0	1.00
2.00	DIETARY	10.00	0	3,879,145	0	2.00
	TOTALS		1,238,862	3,879,145		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY	15.00	249,429	0	0	1.00
2.00	PHARMACY	15.00	0	6,521	0	2.00
3.00		0.00	0	0	9	3.00
	TOTALS		249,429	6,521		
O - RECLASS SINAI HLTH SYS EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	3,552,107	0	0	1.00
2.00	SUBPROVIDER - IPF	40.00	272,928	0	0	2.00
3.00	OPERATING ROOM	50.00	1,854,434	0	0	3.00
4.00	ANESTHESIOLOGY	53.00	496,491	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	482,299	0	0	5.00
6.00	LABORATORY	60.00	374,618	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	88,721	0	0	7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,807,311	0	9	8.00
	TOTALS		9,928,909	0		
S - RENAL DIALYSIS PHYSICIAN RCL						
1.00	ADULTS & PEDIATRICS	30.00	65,251	0	0	1.00
	TOTALS		65,251	0		
T - RESIDENCY PROGRAM COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	403,241	0	0	1.00
	TOTALS		403,241	0		
500.00	Grand Total: Decreases		13,484,433	54,693,928		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/26/2021 12:13 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	1,725,650	0	0	0	0	1.00	
2.00	Land Improvements	2,922,248	0	0	0	0	2.00	
3.00	Buildings and Fixtures	170,048,696	850,647	0	850,647	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	95,181,639	6,389,690	0	6,389,690	1,755,862	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	269,878,233	7,240,337	0	7,240,337	1,755,862	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	269,878,233	7,240,337	0	7,240,337	1,755,862	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0				1.00	
2.00	Land Improvements	2,922,248	0				2.00	
3.00	Buildings and Fixtures	170,899,343	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	99,815,467	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	275,362,708	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	275,362,708	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,382,125	0	1,382,125	0.211892	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,140,664	0	5,140,664	0.788108	0	2.00
3.00	Total (sum of lines 1-2)	6,522,789	0	6,522,789	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	3,088,050	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,771,437	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,859,487	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	1,785,153	611,312	0	0	5,484,515	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,443,276	7,214,713	2.00
3.00	Total (sum of lines 1-2)	1,785,153	611,312	0	2,443,276	12,699,228	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/26/2021 12:13 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-187,809	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP 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)	B	-565	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-26,566,025			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	795,569			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	B	-2,438,742	PHARMACY	15.00	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	UTILIZATION REVIEW-SNF	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
33.00	OP BEHAVIORAL HEALTH A8-1	B	0	MSH OP BEHAVIORAL HEALTH	90.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/26/2021 12:13 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.	
33.01	B	-13,256	LABORATORY	60.00	0	33.01
33.02	B	0	LABORATORY	60.00	0	33.02
33.03	B	0	LABORATORY	60.00	0	33.03
33.04	B	-152,028	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	B	-10,479,029	DRUGS CHARGED TO PATIENTS	73.00	0	33.05
33.07	B	0	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.07
33.08		0		0.00	0	33.08
33.09	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	B	-1,000	NURSING ADMINISTRATION	13.00	0	33.10
33.12	B	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.12
33.13	B	-150,000	OPERATION OF PLANT	7.00	0	33.13
33.14	B	-494,329	OPERATION OF PLANT	7.00	0	33.14
33.18	B	-2,000	PHARMACY	15.00	0	33.18
33.19	B	-245,722	DRUGS CHARGED TO PATIENTS	73.00	0	33.19
33.20	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	33.20
33.21	B	-21,770	UNDER THE RAINBOW	90.03	0	33.21
33.26	B	-1,062	MEDICAL RECORDS & LIBRARY	16.00	0	33.26
33.29	B	-1,236,426	CAFETERIA	11.00	0	33.29
33.30	B	-500,027	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.30
33.32	B	-13,804	MSH OP BEHAVIORAL HEALTH	90.05	0	33.32
33.33	A	-18,647,720	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.33
33.34	B	-615,876	CAP REL COSTS-BLDG & FIXT	1.00	9	33.34
33.35	B	-11,081	HOUSEKEEPING	9.00	0	33.35
33.36	B	-109,880	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.36
33.37		0		0.00	0	33.37
33.38	B	-443,266	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.38
33.39	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.39
33.40	B	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.40
33.43	A	-17,308	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.43
33.44	A	1,941	CAP REL COSTS-BLDG & FIXT	1.00	9	33.44
33.45	B	-631	MEDICAL RECORDS & LIBRARY	16.00	0	33.45
33.46	A	-3,274	CAP REL COSTS-BLDG & FIXT	1.00	9	33.46
33.47	A	460,185	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.47
33.48		0		0.00	0	33.48
33.49		0		0.00	0	33.49
33.50	B	-49,155	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.50
33.51	A	-104,000	NONPATIENT TELEPHONES	5.01	0	33.51
33.52	A	-457,721	EMERGENCY	91.00	0	33.52
33.53	A	-1,110,426	OPERATION OF PLANT	7.00	0	33.53
33.56		0		0.00	0	33.56
33.57	A	-4,727	CAP REL COSTS-BLDG & FIXT	1.00	9	33.57
33.58	B	-429	OPERATION OF PLANT	7.00	0	33.58
33.59		0		0.00	0	33.59
33.60	A	-1,887,139	ANESTHESIOLOGY	53.00	0	33.60
33.61		0		0.00	0	33.61
33.62	A	-198,073	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.62

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/26/2021 12:13 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	
33.63	GOVERNMENTAL LOBBYIST EXP A8-31	A	-156,900	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.63
33.64	LOBBYING EXPENASE OFFSET A8-32	A	-23,329	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.64
33.70	ACLS FEE OFFSET A8-18	B	-5,582	NURSING ADMINISTRATION	13.00	0	33.70
33.87	MEDICAL STUDENT REVENT OFFSET A8 - 3	B	-623,009	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.87
33.88	MEDICAL STUDENT COST OFFSET A8-3	A	-1,314,733	MEDICAL STUDENT EDUCATION	23.04	0	33.88
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-67,030,158				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/26/2021 12:13 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	0.00			0	0	1.00
2.00	5.05	CASHIERING/ACCOUNTS RECEIVAB	SALARY AND OTHER	13,415,247	0	2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	100	100	3.00
4.00	5.03	PURCHASING RECEIVING AND STO	SALARY AND OTHER	1,917,851	0	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	SALARY AND OTHER	26,947,443	41,985,884	4.01
4.02	17.00	SOCIAL SERVICE	SOCIAL SERVICE	1,886,152	0	4.02
4.03	90.06	MSH SPECIALTY CLINIC AT SCHW	WOUND CARE	0	2,500	4.03
4.04	15.00	PHARMACY	SCHWAAB DRUG COSTS	0	1,085,291	4.04
4.05	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENTS AT HOLY CROSS	0	297,449	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.10	0.00			0	0	4.10
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			44,166,793	43,371,224	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	E	SINAI HLTH SYS	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/26/2021 12:13 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

1.00	0	9		1.00
2.00	13,415,247	0		2.00
3.00	0	0		3.00
4.00	1,917,851	0		4.00
4.01	-15,038,441	0		4.01
4.02	1,886,152	0		4.02
4.03	-2,500	0		4.03
4.04	-1,085,291	0		4.04
4.05	-297,449	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.10	0	0		4.10
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	795,569			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/26/2021 12:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	8,334,047	8,334,047	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	637,508	637,508	0	0	0	2.00
3.00	50.00	OPERATING ROOM	7,975,425	7,975,425	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	3,737,359	3,737,359	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	482,299	482,299	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	323,596	323,596	0	0	0	6.00
7.00	60.00	LABORATORY	974,126	974,126	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	656,971	656,971	0	0	0	8.00
9.00	90.01	OUTPATIENT CHEMOTHERAPY	409,512	409,512	0	0	0	9.00
10.00	91.00	EMERGENCY	1,105,314	1,105,314	0	0	0	10.00
11.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	17,419	17,419	0	0	0	11.00
12.00	13.00	NURSING ADMINISTRATION	707,699	0	707,699	177,000	2,080	12.00
13.00	59.00	CARDIAC CATHETERIZATION	818,486	818,486	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	563,264	563,264	0	0	0	14.00
200.00			26,743,025	26,035,326	707,699		2,080	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.01	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	11.00
12.00	13.00	NURSING ADMINISTRATION	177,000	8,850	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	14.00
200.00			177,000	8,850	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,334,047		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	637,508		2.00
3.00	50.00	OPERATING ROOM	0	0	0	7,975,425		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	3,737,359		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	482,299		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	323,596		6.00
7.00	60.00	LABORATORY	0	0	0	974,126		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	656,971		8.00
9.00	90.01	OUTPATIENT CHEMOTHERAPY	0	0	0	409,512		9.00
10.00	91.00	EMERGENCY	0	0	0	1,105,314		10.00
11.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	17,419		11.00
12.00	13.00	NURSING ADMINISTRATION	0	177,000	530,699	530,699		12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	818,486		13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	563,264		14.00
200.00			0	177,000	530,699	26,566,025		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,484,515	5,484,515			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,214,713	7,214,713			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,096,861	31,790	41,818	16,170,469	4.00
5.01	00540	NONPATIENT TELEPHONES	288,938	5,756	7,572	62,968	365,234
5.02	00550	DATA PROCESSING	0	45,352	59,659	0	14,693
5.03	00560	PURCHASING RECEIVING AND STORES	1,766,258	80,223	105,531	0	7,347
5.04	00570	ADMITTING	783,379	14,449	19,007	114,425	6,297
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,415,247	22,778	29,963	0	12,594
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,871,991	503,301	662,077	956,529	32,325
6.00	00600	MAINTENANCE & REPAIRS	0	208,908	274,812	0	10,075
7.00	00700	OPERATION OF PLANT	14,261,270	89,613	117,883	315,608	17,422
8.00	00800	LAUNDRY & LINEN SERVICE	1,064,483	156,434	205,784	0	1,050
9.00	00900	HOUSEKEEPING	5,092,231	10,233	13,461	471,489	5,667
10.00	01000	DIETARY	209,025	35,162	46,255	158,801	4,828
11.00	01100	CAFETERIA	3,881,581	257,835	339,174	198,516	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,366,090	101,460	133,467	131,467	6,717
14.00	01400	CENTRAL SERVICES & SUPPLY	597,211	300,963	395,907	93,827	3,149
15.00	01500	PHARMACY	7,432,554	40,802	53,674	659,875	9,446
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,693	52,227	68,703	0	4,828
17.00	01700	SOCIAL SERVICE	1,907,376	30,772	40,480	1,172	2,729
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	284,429	63,478	83,503	45,577	8,186
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,860,438	0	0	577,290	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	403,241	53,579	70,481	64,616	0
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	484,508	1,323	1,740	75,394	0
23.04	02304	MEDICAL STUDENT EDUCATION	3,000	0	0	114,369	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,979,275	1,395,751	1,836,070	3,605,267	84,175
31.00	03100	INTENSIVE CARE UNIT	4,779,605	80,543	105,951	663,642	3,568
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,956,052	25,728	33,845	315,592	3,568
32.00	03200	CORONARY CARE UNIT	4,662,130	92,942	122,262	733,391	4,408
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	2,606,293	158,396	208,365	404,476	5,877
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	827,837	20,306	26,713	122,233	1,469
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,650,797	372,624	490,176	1,280,947	18,891
51.00	05100	RECOVERY ROOM	1,129,776	18,242	23,997	168,380	3,149
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,740,118	86,255	113,466	547,840	8,396
53.00	05300	ANESTHESIOLOGY	517,579	25,365	33,367	43	4,198
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,575,721	221,801	291,773	840,541	8,816
55.00	05500	RADIOLOGY-THERAPEUTIC	959,399	51,864	68,225	77,004	1,469
56.00	05600	RADIOISOTOPE	195,312	34,508	45,394	26,506	2,099
57.00	05700	CT SCAN	1,070,109	13,794	18,146	133,659	1,679
58.00	05800	MRI	408,768	14,623	19,236	54,953	1,889
59.00	05900	CARDIAC CATHETERIZATION	725,365	30,060	39,543	94,065	1,679
60.00	06000	LABORATORY	13,316,732	340,762	448,262	56,852	16,373
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,871,386	11,643	15,316	0	1,050
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,464,710	33,272	43,769	321,724	1,679
65.01	03560	PULMONARY FUNCTION TESTING	257,340	18,620	24,494	41,236	210
66.00	06600	PHYSICAL THERAPY	386,108	37,735	49,639	59,708	1,679
67.00	06700	OCCUPATIONAL THERAPY	321,147	44,072	57,976	50,290	1,259
68.00	06800	SPEECH PATHOLOGY	175,369	10,073	13,251	27,055	630
69.00	06900	ELECTROCARDIOLOGY	935,664	54,058	71,112	108,972	3,568

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	494,309	18,010	23,691	50,061	4,408	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,042,008	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,583,032	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,840,387	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,716,277	18,649	24,533	266,543	2,519	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,759,108	0	0	229,555	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	683,645	0	0	89,469	0	90.02
90.03	04952	UNDER THE RAINBOW	1,088,488	0	0	171,843	10,495	90.03
90.04	09002	SPASTICITY CLINIC	93,073	0	0	10,709	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	2,049,794	0	0	249,914	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,069,688	0	0	124,918	0	90.06
91.00	09100	EMERGENCY	9,433,714	90,848	119,508	1,201,158	12,594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	249,133,761	5,426,982	7,139,031	16,170,469	359,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	35,700	46,962	0	3,988	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	16	13,635	17,936	0	2,099	192.04
192.05	19205	DENTISTRY	0	8,198	10,784	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	249,133,777	5,484,515	7,214,713	16,170,469	365,234	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	119,704					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,482	1,966,841				5.03
5.04	00570	ADMITTING	6,235	392	944,184			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	21,196	0	0	13,501,778		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,975	40,976	0	0	40,077,174	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	493,795	6.00
7.00	00700	OPERATION OF PLANT	0	11,452	0	0	14,813,248	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,187	0	0	1,429,938	8.00
9.00	00900	HOUSEKEEPING	0	19,968	0	0	5,613,049	9.00
10.00	01000	DIETARY	0	21,502	0	0	475,573	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,677,106	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	13,358	0	0	1,752,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,391,057	14.00
15.00	01500	PHARMACY	4,988	225,352	0	0	8,426,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,235	0	0	0	130,300	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	1,982,530	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	9,975	0	0	0	495,148	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,310	0	0	4,446,038	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	591,917	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	562,965	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	6	0	0	117,375	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,210	3,800	174,144	1,498,314	31,593,006	30.00
31.00	03100	INTENSIVE CARE UNIT	0	37,270	34,900	279,279	5,984,758	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	19,582	156,703	2,511,070	31.01
32.00	03200	CORONARY CARE UNIT	0	0	29,572	236,639	5,881,344	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,454	14,674	117,514	3,518,049	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	234	11,790	94,350	1,104,932	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,482	0	67,685	1,081,037	11,969,639	50.00
51.00	05100	RECOVERY ROOM	0	4,579	17,285	343,222	1,708,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,148	30,074	340,573	4,867,870	52.00
53.00	05300	ANESTHESIOLOGY	0	10	33,485	452,884	1,066,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,716	2,738	30,088	776,510	7,761,704	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,293	1,131	100,098	1,265,483	55.00
56.00	05600	RADIOISOTOPE	0	567	1,105	39,941	345,432	56.00
57.00	05700	CT SCAN	0	13,157	44,847	866,544	2,161,935	57.00
58.00	05800	MRI	0	42	6,468	129,720	635,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	78	17,243	194,450	1,102,483	59.00
60.00	06000	LABORATORY	16,210	28,722	85,477	1,739,821	16,049,211	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	118,405	10,484	106,122	2,134,406	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	56,228	485,335	2,406,717	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	341,900	65.01
66.00	06600	PHYSICAL THERAPY	0	796	3,500	31,278	570,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	151	3,764	31,784	510,443	67.00
68.00	06800	SPEECH PATHOLOGY	0	380	2,086	18,655	247,499	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,692	18,195	312,263	1,517,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,035	497	23,298	615,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	879,564	45,573	450,179	14,417,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	443,728	31,823	366,096	7,424,679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	70,217	1,181,602	8,092,206	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
74.00	07400	RENAL DIALYSIS	0	32,597	4,696	228,112	3,293,926	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	12,052	28	69,820	2,070,563	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	7,035	6	77,011	857,166	90.02
90.03	04952	UNDER THE RAINBOW	0	178	0	30,121	1,301,125	90.03
90.04	09002	SPASTICITY CLINIC	0	529	0	3,713	108,024	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	7,651	0	46,581	2,353,940	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	4,451	2,101	49,424	1,250,582	90.06
91.00	09100	EMERGENCY	0	0	75,436	1,542,785	12,476,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,704	1,966,840	944,184	13,501,778	248,994,458	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	86,650	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	1	0	0	33,687	192.04
192.05	19205	DENTISTRY	0	0	0	0	18,982	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	119,704	1,966,841	944,184	13,501,778	249,133,777	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			OTHER ADMINISTRATIVE AND 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	40,077,174					5.06
6.00	00600	MAINTENANCE & REPAIRS	95,610	589,405				6.00
7.00	00700	OPERATION OF PLANT	2,868,186	11,553	17,692,987			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	276,869	20,167	617,485	2,344,459		8.00
9.00	00900	HOUSEKEEPING	1,086,815	1,319	40,393	0	6,741,576	9.00
10.00	01000	DIETARY	92,082	4,533	138,794	0	54,927	10.00
11.00	01100	CAFETERIA	905,595	33,239	1,017,743	0	402,768	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	339,336	13,080	400,487	0	158,491	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	269,341	38,799	1,187,978	0	470,138	14.00
15.00	01500	PHARMACY	1,631,601	5,260	161,056	0	63,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,229	6,733	206,153	0	81,584	16.00
17.00	01700	SOCIAL SERVICE	383,863	3,967	121,466	0	48,070	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	95,872	8,183	250,563	0	99,159	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	860,855	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	114,609	6,907	211,489	0	83,696	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	109,003	171	5,221	0	2,066	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	22,726	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,117,049	179,937	5,509,396	1,208,526	2,180,323	30.00
31.00	03100	INTENSIVE CARE UNIT	1,158,787	10,383	317,923	112,002	125,817	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	486,201	3,317	101,556	26,211	40,190	31.01
32.00	03200	CORONARY CARE UNIT	1,138,763	11,982	366,865	119,203	145,185	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	681,175	20,420	625,231	0	247,432	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	213,940	2,618	80,155	0	31,721	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,317,597	48,038	1,470,844	57,173	582,081	50.00
51.00	05100	RECOVERY ROOM	330,830	2,352	72,007	25,792	28,497	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	942,532	11,120	340,472	77,835	134,740	52.00
53.00	05300	ANESTHESIOLOGY	206,582	3,270	100,122	0	39,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,502,844	28,594	875,506	15,756	346,478	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	245,027	6,686	204,719	14,709	81,017	55.00
56.00	05600	RADIOISOTOPE	66,884	4,449	136,212	41,217	53,905	56.00
57.00	05700	CT SCAN	418,600	1,778	54,450	15,449	21,548	57.00
58.00	05800	MRI	123,086	1,885	57,721	20,306	22,843	58.00
59.00	05900	CARDIAC CATHETERIZATION	213,466	3,875	118,654	1,384	46,957	59.00
60.00	06000	LABORATORY	3,107,496	43,930	1,345,075	0	532,308	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	413,270	1,501	45,958	0	18,188	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	465,996	4,289	131,335	0	51,975	65.00
65.01	03560	PULMONARY FUNCTION TESTING	66,200	2,400	73,499	0	29,087	65.01
66.00	06600	PHYSICAL THERAPY	110,451	4,865	148,949	31,249	58,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	98,834	5,682	173,965	0	68,846	67.00
68.00	06800	SPEECH PATHOLOGY	47,921	1,299	39,762	0	15,736	68.00
69.00	06900	ELECTROCARDIOLOGY	293,828	6,969	213,383	180	84,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,138	2,322	71,089	29	28,133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,791,526	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,437,589	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,566,837	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	637,780	2,404	73,614	1,924	29,132	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	96,144	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	165,967	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	251,928	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	20,916	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	455,777	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	242,141	0	0	0	0	90.06
91.00	09100	EMERGENCY	2,415,649	11,712	358,602	479,370	141,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,050,199	581,988	17,465,892	2,344,459	6,651,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	16,777	4,602	140,916	0	55,767	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	6,523	1,758	53,819	0	21,299	192.04
192.05	19205	DENTISTRY	3,675	1,057	32,360	0	12,806	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	40,077,174	589,405	17,692,987	2,344,459	6,741,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	765,909					10.00
11.00	01100	CAFETERIA	0	7,036,451				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	143,190	0	2,807,143		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	84,906	0	0	3,442,219	14.00
15.00	01500	PHARMACY	0	288,692	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	35,242	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	607,700	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	37,004	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	668,082	1,833,812	0	1,308,087	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,154	219,083	0	156,276	67,496	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	190,226	0	135,696	0	31.01
32.00	03200	CORONARY CARE UNIT	7,740	246,913	0	17,754	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	80,933	202,323	0	144,320	915	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	46,989	0	33,518	433	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	620,144	0	442,359	0	50.00
51.00	05100	RECOVERY ROOM	0	59,526	0	42,461	7,282	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	222,493	0	158,708	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	422,523	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,442	0	0	12,801	55.00
56.00	05600	RADIOISOTOPE	0	12,716	0	0	700	56.00
57.00	05700	CT SCAN	0	57,189	0	0	27,069	57.00
58.00	05800	MRI	0	28,969	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,660	0	0	0	59.00
60.00	06000	LABORATORY	0	17,994	0	0	50,688	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	255,008	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	195,568	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	21,756	0	0	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,329	0	0	184	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,581	0	0	193	68.00
69.00	06900	ELECTROCARDIOLOGY	0	65,746	0	0	28,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,770	0	0	2,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,909,003	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	963,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	132,474	0	0	58,354	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	110,321	0	0	22,872	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	77,743	0	0	13,139	90.02
90.03	04952	UNDER THE RAINBOW	0	114,712	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	6,995	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	193,348	0	0	15,860	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	97,523	0	0	6,656	90.06
91.00	09100	EMERGENCY	0	515,849	0	367,964	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	765,909	7,036,451	0	2,807,143	3,442,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	765,909	7,036,451	0	2,807,143	3,442,219	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	10,577,037					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	449,999				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,539,896			17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	984,167	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,691	49,976	1,853,946	0	17,558	30.00
31.00	03100	INTENSIVE CARE UNIT	30,249	9,315	129,263	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,652	5,227	148,485	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,058	7,893	182,785	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	30	3,920	225,417	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,147	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,746	36,058	0	0	89,563	50.00
51.00	05100	RECOVERY ROOM	3,762	11,448	0	0	33,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,861	11,360	0	0	16,523	52.00
53.00	05300	ANESTHESIOLOGY	7,778	15,106	0	0	30,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,518	25,901	0	0	88,601	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,339	0	0	15,058	55.00
56.00	05600	RADIOISOTOPE	256	1,332	0	0	5,144	56.00
57.00	05700	CT SCAN	4,598	28,904	0	0	83,959	57.00
58.00	05800	MRI	108	4,327	0	0	12,894	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,162	6,486	0	0	9,339	59.00
60.00	06000	LABORATORY	7	57,676	0	0	174,461	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,540	0	0	3,676	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,137	16,188	0	0	5,852	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,043	0	0	541	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,060	0	0	275	67.00
68.00	06800	SPEECH PATHOLOGY	0	622	0	0	324	68.00
69.00	06900	ELECTROCARDIOLOGY	1,203	10,416	0	0	27,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	777	0	0	3,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,016	0	0	14,140	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,211	0	0	18,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,970,039	39,412	0	0	102,488	73.00
74.00	07400	RENAL DIALYSIS	262,461	7,609	0	0	31,511	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	2,329	0	0	11,510	90.01
90.02	04951	MSH SPECIALTY CLINIC	8,662	2,569	0	0	13,084	90.02
90.03	04952	UNDER THE RAINBOW	0	1,005	0	0	4,981	90.03
90.04	09002	SPASTICITY CLINIC	11,747	124	0	0	614	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	2,263	1,554	0	0	7,704	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	13,603	1,649	0	0	5,393	90.06
91.00	09100	EMERGENCY	73,446	51,460	0	0	155,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,577,037	449,999	2,539,896	0	984,167	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	10,577,037	449,999	2,539,896	0	984,167	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			5,914,593			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				1,008,618		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM						23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	4,120,531	702,676	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	207,414	35,370	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	184,294	31,428	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	99,744	17,009	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	748,407	127,626	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	61,431	10,476	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	76,624	13,067	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	85,211	14,531	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			19.00	20.00	21.00	22.00	23.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	330,937	56,435	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,914,593	1,008,618	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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	5,914,593	1,008,618	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	716,430					23.02
23.04	02304	MEDICAL STUDENT EDUCATION		140,101				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	187,847	0	57,610,443	-4,823,207	52,787,236	30.00
31.00	03100	INTENSIVE CARE UNIT	83,034	0	8,656,324	-242,784	8,413,540	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	34,962	0	3,906,515	-215,722	3,690,793	31.01
32.00	03200	CORONARY CARE UNIT	74,294	0	8,338,532	-116,753	8,221,779	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	5,750,165	0	5,750,165	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,517,453	0	1,517,453	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	18,573,275	-876,033	17,697,242	50.00
51.00	05100	RECOVERY ROOM	0	0	2,326,474	0	2,326,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,789,514	0	6,789,514	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,541,903	-71,907	1,469,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,069,425	0	11,069,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,880,281	0	1,880,281	55.00
56.00	05600	RADIOISOTOPE	0	0	668,247	0	668,247	56.00
57.00	05700	CT SCAN	0	0	2,875,479	0	2,875,479	57.00
58.00	05800	MRI	0	0	907,838	0	907,838	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,542,466	0	1,542,466	59.00
60.00	06000	LABORATORY	0	0	21,378,846	0	21,378,846	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,875,547	0	2,875,547	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,282,057	0	3,282,057	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	513,086	0	513,086	65.01
66.00	06600	PHYSICAL THERAPY	0	0	948,244	0	948,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	877,618	0	877,618	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	359,937	0	359,937	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,339,393	-89,691	2,249,702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	975,553	-99,742	875,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	19,147,009	0	19,147,009	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,855,980	0	9,855,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,627	0	19,932,609	0	19,932,609	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,531,189	0	4,531,189	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	2,313,739	0	2,313,739	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	1,138,330	0	1,138,330	90.02
90.03	04952	UNDER THE RAINBOW	0	0	1,673,751	0	1,673,751	90.03
90.04	09002	SPASTICITY CLINIC	0	0	148,420	0	148,420	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	3,030,446	0	3,030,446	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	122,223	0	1,739,770	0	1,739,770	90.06
91.00	09100	EMERGENCY	52,443	0	17,487,140	-387,372	17,099,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	716,430	0	248,502,998	-6,923,211	241,579,787	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	304,712	0	304,712	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	140,101	140,101	0	140,101	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	117,086	0	117,086	192.04
192.05	19205	DENTISTRY	0	0	68,880	0	68,880	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	716,430	140,101	249,133,777	-6,923,211	242,210,566	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	31,790	41,818	73,608	4.00
5.01	00540	NONPATIENT TELEPHONES	0	5,756	7,572	13,328	5.01
5.02	00550	DATA PROCESSING	0	45,352	59,659	105,011	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	80,223	105,531	185,754	5.03
5.04	00570	ADMITTING	0	14,449	19,007	33,456	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	22,778	29,963	52,741	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	503,301	662,077	1,165,378	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	208,908	274,812	483,720	6.00
7.00	00700	OPERATION OF PLANT	0	89,613	117,883	207,496	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	156,434	205,784	362,218	8.00
9.00	00900	HOUSEKEEPING	0	10,233	13,461	23,694	9.00
10.00	01000	DIETARY	0	35,162	46,255	81,417	10.00
11.00	01100	CAFETERIA	0	257,835	339,174	597,009	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	101,460	133,467	234,927	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	300,963	395,907	696,870	14.00
15.00	01500	PHARMACY	0	40,802	53,674	94,476	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,227	68,703	120,930	16.00
17.00	01700	SOCIAL SERVICE	0	30,772	40,480	71,252	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	63,478	83,503	146,981	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	53,579	70,481	124,060	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	1,323	1,740	3,063	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,395,751	1,836,070	3,231,821	30.00
31.00	03100	INTENSIVE CARE UNIT	0	80,543	105,951	186,494	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	25,728	33,845	59,573	31.01
32.00	03200	CORONARY CARE UNIT	0	92,942	122,262	215,204	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	158,396	208,365	366,761	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	20,306	26,713	47,019	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	372,624	490,176	862,800	50.00
51.00	05100	RECOVERY ROOM	0	18,242	23,997	42,239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	86,255	113,466	199,721	52.00
53.00	05300	ANESTHESIOLOGY	0	25,365	33,367	58,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	221,801	291,773	513,574	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	51,864	68,225	120,089	55.00
56.00	05600	RADIOISOTOPE	0	34,508	45,394	79,902	56.00
57.00	05700	CT SCAN	0	13,794	18,146	31,940	57.00
58.00	05800	MRI	0	14,623	19,236	33,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,060	39,543	69,603	59.00
60.00	06000	LABORATORY	0	340,762	448,262	789,024	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,643	15,316	26,959	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,272	43,769	77,041	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	18,620	24,494	43,114	65.01
66.00	06600	PHYSICAL THERAPY	0	37,735	49,639	87,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	44,072	57,976	102,048	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,073	13,251	23,324	68.00
69.00	06900	ELECTROCARDIOLOGY	0	54,058	71,112	125,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,010	23,691	41,701	70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	18,649	24,533	43,182	1,213
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	1,044
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	407
90.03	04952	UNDER THE RAINBOW	0	0	0	0	782
90.04	09002	SPASTICITY CLINIC	0	0	0	0	49
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	1,137
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	568
91.00	09100	EMERGENCY	0	90,848	119,508	210,356	5,465
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,426,982	7,139,031	12,566,013	73,608
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	35,700	46,962	82,662	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0
192.02	19202	DAY PSYCH	0	0	0	0	0
192.03	19203	FAMILY PLANNING	0	0	0	0	0
192.04	19204	DEVELOPMENT	0	13,635	17,936	31,571	0
192.05	19205	DENTISTRY	0	8,198	10,784	18,982	0
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	5,484,515	7,214,713	12,699,228	73,608

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	13,614					5.01
5.02	00550	DATA PROCESSING	548	105,559				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	274	6,597	192,625			5.03
5.04	00570	ADMITTING	235	5,498	38	39,748		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	469	18,694	0	0	71,904	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,205	8,797	4,013	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	376	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	649	0	1,121	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39	0	214	0	0	8.00
9.00	00900	HOUSEKEEPING	211	0	1,956	0	0	9.00
10.00	01000	DIETARY	180	0	2,106	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	250	0	1,308	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	117	0	0	0	0	14.00
15.00	01500	PHARMACY	352	4,398	22,069	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180	5,498	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	102	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	305	8,797	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	814	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	1	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,139	14,294	372	7,114	7,935	30.00
31.00	03100	INTENSIVE CARE UNIT	133	0	3,650	1,479	1,479	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	133	0	0	830	830	31.01
32.00	03200	CORONARY CARE UNIT	164	0	0	1,253	1,253	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	219	0	240	622	622	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	55	0	23	500	500	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	704	6,597	0	2,868	5,725	50.00
51.00	05100	RECOVERY ROOM	117	0	448	733	1,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313	0	112	1,275	1,804	52.00
53.00	05300	ANESTHESIOLOGY	156	0	1	1,419	2,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	329	12,095	268	1,275	4,112	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55	0	616	48	530	55.00
56.00	05600	RADIOISOTOPE	78	0	56	47	212	56.00
57.00	05700	CT SCAN	63	0	1,289	1,901	4,589	57.00
58.00	05800	MRI	70	0	4	274	687	58.00
59.00	05900	CARDIAC CATHETERIZATION	63	0	8	731	1,030	59.00
60.00	06000	LABORATORY	610	14,294	2,813	3,622	9,612	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39	0	11,595	444	562	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	63	0	0	2,383	2,570	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	63	0	78	148	166	66.00
67.00	06700	OCCUPATIONAL THERAPY	47	0	15	160	168	67.00
68.00	06800	SPEECH PATHOLOGY	23	0	37	88	99	68.00
69.00	06900	ELECTROCARDIOLOGY	133	0	1,341	771	1,654	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164	0	101	21	123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	86,148	1,931	2,384	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	43,455	1,349	1,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,976	6,258	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
74.00	07400	RENAL DIALYSIS	94	0	3,192	199	1,208	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,180	1	370	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	689	0	408	90.02
90.03	04952	UNDER THE RAINBOW	391	0	17	0	160	90.03
90.04	09002	SPASTICITY CLINIC	0	0	52	0	20	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	749	0	247	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	436	89	262	90.06
91.00	09100	EMERGENCY	469	0	0	3,197	8,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,387	105,559	192,625	39,748	71,904	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	149	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	78	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	13,614	105,559	192,625	39,748	71,904	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			OTHER ADMINISTRATIVE AND 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,183,745					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,824	486,920				6.00
7.00	00700	OPERATION OF PLANT	84,717	9,544	304,963			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,178	16,660	10,643	397,952		8.00
9.00	00900	HOUSEKEEPING	32,101	1,090	696	0	61,893	9.00
10.00	01000	DIETARY	2,720	3,745	2,392	0	504	10.00
11.00	01100	CAFETERIA	26,748	27,460	17,542	0	3,698	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,023	10,806	6,903	0	1,455	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,955	32,053	20,476	0	4,316	14.00
15.00	01500	PHARMACY	48,192	4,345	2,776	0	585	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	745	5,562	3,553	0	749	16.00
17.00	01700	SOCIAL SERVICE	11,338	3,277	2,094	0	441	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	2,832	6,760	4,319	0	910	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	25,427	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,385	5,706	3,645	0	768	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	3,220	141	90	0	19	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	671	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	180,673	148,652	94,962	205,136	20,018	30.00
31.00	03100	INTENSIVE CARE UNIT	34,227	8,578	5,480	19,011	1,155	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	14,361	2,740	1,750	4,449	369	31.01
32.00	03200	CORONARY CARE UNIT	33,635	9,898	6,323	20,234	1,333	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	20,120	16,869	10,777	0	2,272	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,319	2,163	1,382	0	291	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,454	39,685	25,352	9,705	5,344	50.00
51.00	05100	RECOVERY ROOM	9,772	1,943	1,241	4,378	262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,839	9,186	5,868	13,212	1,237	52.00
53.00	05300	ANESTHESIOLOGY	6,102	2,701	1,726	0	364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,389	23,622	15,091	2,674	3,181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,237	5,524	3,529	2,497	744	55.00
56.00	05600	RADIOISOTOPE	1,976	3,675	2,348	6,996	495	56.00
57.00	05700	CT SCAN	12,364	1,469	939	2,622	198	57.00
58.00	05800	MRI	3,636	1,557	995	3,447	210	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,305	3,201	2,045	235	431	59.00
60.00	06000	LABORATORY	91,785	36,292	23,184	0	4,887	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,207	1,240	792	0	167	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,764	3,544	2,264	0	477	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,955	1,983	1,267	0	267	65.01
66.00	06600	PHYSICAL THERAPY	3,262	4,019	2,567	5,304	541	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,919	4,694	2,999	0	632	67.00
68.00	06800	SPEECH PATHOLOGY	1,415	1,073	685	0	144	68.00
69.00	06900	ELECTROCARDIOLOGY	8,679	5,757	3,678	31	775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,519	1,918	1,225	5	258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,453	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,462	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,279	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	18,838	1,986	1,269	327	267	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	16,320	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	4,902	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,441	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	618	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	13,462	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	7,152	0	0	0	0	90.06
91.00	09100	EMERGENCY	71,350	9,675	6,181	81,369	1,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,182,947	480,793	301,048	397,952	61,067	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	496	3,802	2,429	0	512	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	193	1,452	928	0	196	192.04
192.05	19205	DENTISTRY	109	873	558	0	118	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,183,745	486,920	304,963	397,952	61,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	93,786					10.00
11.00	01100	CAFETERIA	0	673,360				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	13,703	0	279,973		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,125	0	0	770,339	14.00
15.00	01500	PHARMACY	0	27,627	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,372	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	58,154	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	3,541	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,807	175,488	0	130,463	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,121	20,965	0	15,586	15,105	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	18,204	0	13,534	0	31.01
32.00	03200	CORONARY CARE UNIT	948	23,629	0	1,771	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,910	19,361	0	14,394	205	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,497	0	3,343	97	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	59,345	0	44,119	0	50.00
51.00	05100	RECOVERY ROOM	0	5,696	0	4,235	1,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,292	0	15,829	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,434	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,009	0	0	2,865	55.00
56.00	05600	RADIOISOTOPE	0	1,217	0	0	157	56.00
57.00	05700	CT SCAN	0	5,473	0	0	6,058	57.00
58.00	05800	MRI	0	2,772	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,508	0	0	0	59.00
60.00	06000	LABORATORY	0	1,722	0	0	11,344	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	57,069	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,715	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,082	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,754	0	0	41	67.00
68.00	06800	SPEECH PATHOLOGY	0	630	0	0	43	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,292	0	0	6,366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,232	0	0	459	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	427,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	215,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	12,677	0	0	13,059	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	10,557	0	0	5,119	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	7,440	0	0	2,940	90.02
90.03	04952	UNDER THE RAINBOW	0	10,977	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	669	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	18,503	0	0	3,549	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	9,333	0	0	1,490	90.06
91.00	09100	EMERGENCY	0	49,365	0	36,699	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,786	673,360	0	279,973	770,339	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	93,786	673,360	0	279,973	770,339	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	207,822					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	136,702				16.00
17.00	01700	SOCIAL SERVICE	0	0	88,509			17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	174,483	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,566	15,174	64,606	0	3,117	30.00
31.00	03100	INTENSIVE CARE UNIT	594	2,828	4,504	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	150	1,587	5,174	0	0	31.01
32.00	03200	CORONARY CARE UNIT	414	2,397	6,370	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1	1,190	7,855	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	956	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,253	10,948	0	0	15,900	50.00
51.00	05100	RECOVERY ROOM	74	3,476	0	0	6,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115	3,449	0	0	2,933	52.00
53.00	05300	ANESTHESIOLOGY	153	4,586	0	0	5,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30	7,864	0	0	15,729	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,014	0	0	2,673	55.00
56.00	05600	RADIOISOTOPE	5	404	0	0	913	56.00
57.00	05700	CT SCAN	90	8,776	0	0	14,905	57.00
58.00	05800	MRI	2	1,314	0	0	2,289	58.00
59.00	05900	CARDIAC CATHETERIZATION	62	1,969	0	0	1,658	59.00
60.00	06000	LABORATORY	0	17,584	0	0	30,737	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,075	0	0	653	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	81	4,915	0	0	1,039	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	317	0	0	96	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	322	0	0	49	67.00
68.00	06800	SPEECH PATHOLOGY	0	189	0	0	58	68.00
69.00	06900	ELECTROCARDIOLOGY	24	3,162	0	0	4,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	236	0	0	567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,559	0	0	2,510	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			OTHER GENERAL SERVICE					
			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTER		OUTPATIENT ACCOUNTING
			15.00	16.00	17.00	18.00	18.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,708	0	0	3,272	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,896	11,966	0	0	18,195	73.00
74.00	07400	RENAL DIALYSIS	5,157	2,310	0	0	5,594	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	707	0	0	2,043	90.01
90.02	04951	MSH SPECIALTY CLINIC	170	780	0	0	2,323	90.02
90.03	04952	UNDER THE RAINBOW	0	305	0	0	884	90.03
90.04	09002	SPASTICITY CLINIC	231	38	0	0	109	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	44	472	0	0	1,368	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	267	501	0	0	957	90.06
91.00	09100	EMERGENCY	1,443	15,624	0	0	27,573	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,822	136,702	88,509	0	174,483	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	515	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	207,822	137,217	88,509	0	174,483	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			87,021			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				137,858		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM						23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
33.01	03301	BURN INTENSIVE CARE UNIT						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
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	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00	21.00	22.00	23.00	
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
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951	MSH SPECIALTY CLINIC						90.02
90.03	04952	UNDER THE RAINBOW						90.03
90.04	09002	SPASTICITY CLINIC						90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH						90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB						90.06
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
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								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES						192.00
192.01	19201	KLING OFFICE BLDG						192.01
192.02	19202	DAY PSYCH						192.02
192.03	19203	FAMILY PLANNING						192.03
192.04	19204	DEVELOPMENT						192.04
192.05	19205	DENTISTRY						192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES						192.07
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	87,021	137,858	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	87,021	137,858	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	10,417					23.02
23.04	02304	MEDICAL STUDENT EDUCATION		1,192				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			4,402,780	0	4,402,780	30.00
31.00	03100	INTENSIVE CARE UNIT			325,408	0	325,408	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			125,120	0	125,120	31.01
32.00	03200	CORONARY CARE UNIT			328,162	0	328,162	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT			0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF			473,258	0	473,258	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			67,701	0	67,701	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE			0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,164,627	0	1,164,627	50.00
51.00	05100	RECOVERY ROOM			84,844	0	84,844	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			306,677	0	306,677	52.00
53.00	05300	ANESTHESIOLOGY			83,768	0	83,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			688,491	0	688,491	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			150,780	0	150,780	55.00
56.00	05600	RADIOISOTOPE			98,602	0	98,602	56.00
57.00	05700	CT SCAN			93,284	0	93,284	57.00
58.00	05800	MRI			51,366	0	51,366	58.00
59.00	05900	CARDIAC CATHETERIZATION			91,277	0	91,277	59.00
60.00	06000	LABORATORY			1,037,769	0	1,037,769	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			112,802	0	112,802	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.			0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY			0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY			128,320	0	128,320	65.00
65.01	03560	PULMONARY FUNCTION TESTING			48,782	0	48,782	65.01
66.00	06600	PHYSICAL THERAPY			106,289	0	106,289	66.00
67.00	06700	OCCUPATIONAL THERAPY			116,077	0	116,077	67.00
68.00	06800	SPEECH PATHOLOGY			27,931	0	27,931	68.00
69.00	06900	ELECTROCARDIOLOGY			169,222	0	169,222	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			53,757	0	53,757	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			607,199	0	607,199	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			311,714	0	311,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			281,570	0	281,570	73.00
74.00	07400	RENAL DIALYSIS			110,572	0	110,572	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			37,341	0	37,341	90.01
90.02	04951	MSH SPECIALTY CLINIC			20,059	0	20,059	90.02
90.03	04952	UNDER THE RAINBOW			20,957	0	20,957	90.03
90.04	09002	SPASTICITY CLINIC			1,786	0	1,786	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH			39,531	0	39,531	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB			21,055	0	21,055	90.06
91.00	09100	EMERGENCY			528,239	0	528,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	12,317,117	0	12,317,117	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			90,050	0	90,050	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			0	0	0	192.00
192.01	19201	KLING OFFICE BLDG			0	0	0	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			0	0	0	192.03
192.04	19204	DEVELOPMENT			34,418	0	34,418	192.04
192.05	19205	DENTISTRY			20,640	0	20,640	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	10,417	1,192	236,488	0	236,488	200.00
201.00		Negative Cost Centers	0	0	515	0	515	201.00
202.00		TOTAL (sum lines 118 through 201)	10,417	1,192	12,699,228	0	12,699,228	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	100,913,246			4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	392,957	1,740		5.01
5.02	00550	DATA PROCESSING	3,120	3,120	0	70	9,600	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	0	35	600	5.03
5.04	00570	ADMITTING	994	994	714,080	30	500	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	0	60	1,700	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,625	34,625	5,969,312	154	800	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	0	48	0	6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	1,969,584	83	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	5	0	8.00
9.00	00900	HOUSEKEEPING	704	704	2,942,373	27	0	9.00
10.00	01000	DIETARY	2,419	2,419	991,016	23	0	10.00
11.00	01100	CAFETERIA	17,738	17,738	1,238,862	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	820,436	32	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	585,535	15	0	14.00
15.00	01500	PHARMACY	2,807	2,807	4,118,015	45	400	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	0	23	500	16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	7,312	13	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	284,429	39	800	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,602,634	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,686	3,686	403,241	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	470,501	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	713,733	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	22,498,849	401	1,300	30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	4,141,526	17	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	1,969,486	17	0	31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	4,576,802	21	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	2,524,171	28	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,397	1,397	762,807	7	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,635	25,635	7,993,877	90	600	50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,050,792	15	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	3,418,852	40	0	52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	271	20	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	5,245,481	42	1,100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	480,549	7	0	55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	165,413	10	0	56.00
57.00	05700	CT SCAN	949	949	834,111	8	0	57.00
58.00	05800	MRI	1,006	1,006	342,939	9	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	587,020	8	0	59.00
60.00	06000	LABORATORY	23,443	23,443	354,790	78	1,300	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	801	801	0	5	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	2,007,750	8	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	257,340	1	0	65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	372,614	8	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	313,837	6	0	67.00
68.00	06800	SPEECH PATHOLOGY	693	693	168,837	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	680,053	17	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	312,409	21	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	1,663,388	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,432,560	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	558,342	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	1,072,402	50	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	66,831	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	1,559,615	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	779,563	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	7,495,949	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,354	373,354	100,913,246	1,711	9,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	10	0	192.04
192.05	19205	DENTISTRY	564	564	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,484,515	7,214,713	16,170,469	365,234	119,704	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.535756	19.121345	0.160241	209.904598	12.469167	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			73,608	13,614	105,559	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000729	7.824138	10.995729	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: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	29,175,128				5.03
5.04	00570	ADMITTING	5,818	701,866,938			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,254,488,444		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	607,822	0	0	-40,077,174	206,986,040
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	493,795
7.00	00700	OPERATION OF PLANT	169,872	0	0	0	14,813,248
8.00	00800	LAUNDRY & LINEN SERVICE	32,434	0	0	0	1,429,938
9.00	00900	HOUSEKEEPING	296,202	0	0	0	5,613,049
10.00	01000	DIETARY	318,947	0	0	0	475,573
11.00	01100	CAFETERIA	0	0	0	0	4,677,106
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	198,143	0	0	0	1,752,559
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,391,057
15.00	01500	PHARMACY	3,342,752	0	0	0	8,426,691
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	130,300
17.00	01700	SOCIAL SERVICE	10	0	0	0	1,982,530
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	495,148
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	123,270	0	0	0	4,446,038
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	591,917
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	562,965
23.04	02304	MEDICAL STUDENT EDUCATION	94	0	0	0	117,375
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,364	129,345,754	139,209,709	0	31,593,006
31.00	03100	INTENSIVE CARE UNIT	552,850	25,948,045	25,948,045	0	5,984,758
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	14,559,371	14,559,371	0	2,511,070
32.00	03200	CORONARY CARE UNIT	0	21,986,334	21,986,334	0	5,881,344
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	36,398	10,910,312	10,918,312	0	3,518,049
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,469	8,766,105	8,766,105	0	1,104,932
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	50,323,611	100,440,073	0	11,969,639
51.00	05100	RECOVERY ROOM	67,928	12,851,560	31,889,074	0	1,708,630
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,028	22,360,213	31,642,948	0	4,867,870
53.00	05300	ANESTHESIOLOGY	147	24,895,809	42,077,832	0	1,066,931
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,610	22,370,332	72,146,255	0	7,761,704
55.00	05500	RADIOLOGY-THERAPEUTIC	93,348	840,811	9,300,211	0	1,265,483
56.00	05600	RADIOISOTOPE	8,411	821,337	3,710,978	0	345,432
57.00	05700	CT SCAN	195,170	33,343,473	80,511,391	0	2,161,935
58.00	05800	MRI	628	4,808,621	12,052,439	0	635,699
59.00	05900	CARDIAC CATHETERIZATION	1,163	12,819,881	18,066,506	0	1,102,483
60.00	06000	LABORATORY	426,050	63,551,931	161,674,628	0	16,049,211
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,756,353	7,794,649	9,859,928	0	2,134,406
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	41,805,154	45,092,909	0	2,406,717
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	341,900
66.00	06600	PHYSICAL THERAPY	11,802	2,602,338	2,906,049	0	570,443
67.00	06700	OCCUPATIONAL THERAPY	2,241	2,798,463	2,953,099	0	510,443
68.00	06800	SPEECH PATHOLOGY	5,632	1,551,092	1,733,246	0	247,499
69.00	06900	ELECTROCARDIOLOGY	203,104	13,528,227	29,012,639	0	1,517,524
70.00	07000	ELECTROENCEPHALOGRAPHY	15,356	369,724	2,164,592	0	615,309
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,047,008	33,882,979	41,826,535	0	14,417,324
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,582,032	23,660,083	34,014,354	0	7,424,679

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	52,205,935	109,783,736	0	8,092,206	73.00
74.00	07400	RENAL DIALYSIS	483,528	3,491,204	21,194,113	0	3,293,926	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	178,776	20,551	6,487,018	-2,070,563	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	104,348	4,659	7,155,133	0	857,166	90.02
90.03	04952	UNDER THE RAINBOW	2,640	0	2,798,538	0	1,301,125	90.03
90.04	09002	SPASTICITY CLINIC	7,850	0	344,982	0	108,024	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	113,489	0	4,327,850	0	2,353,940	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	66,021	1,562,320	4,592,009	0	1,250,582	90.06
91.00	09100	EMERGENCY	0	56,086,060	143,341,503	0	12,476,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,175,108	701,866,938	1,254,488,444	-42,147,737	206,846,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	86,650	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	20	0	0	0	33,687	192.04
192.05	19205	DENTISTRY	0	0	0	0	18,982	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,966,841	944,184	13,501,778		40,077,174	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.067415	0.001345	0.010763		0.193623	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	192,625	39,748	71,904		1,183,745	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006602	0.000057	0.000057		0.005719	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: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	314,532					6.00
7.00	00700	OPERATION OF PLANT	6,165	308,367				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	481,212			8.00
9.00	00900	HOUSEKEEPING	704	704	0	296,901		9.00
10.00	01000	DIETARY	2,419	2,419	0	2,419	145,160	10.00
11.00	01100	CAFETERIA	17,738	17,738	0	17,738	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	0	6,980	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	0	20,705	0	14.00
15.00	01500	PHARMACY	2,807	2,807	0	2,807	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	0	3,593	0	16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	0	2,117	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	0	4,367	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,686	3,686	0	3,686	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	0	91	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	248,056	96,022	126,619	30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	22,989	5,541	1,735	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	5,380	1,770	0	31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	24,467	6,394	1,467	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	0	10,897	15,339	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,397	1,397	0	1,397	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,635	25,635	11,735	25,635	0	50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	5,294	1,255	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	15,976	5,934	0	52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	0	1,745	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	3,234	15,259	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	3,019	3,568	0	55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	8,460	2,374	0	56.00
57.00	05700	CT SCAN	949	949	3,171	949	0	57.00
58.00	05800	MRI	1,006	1,006	4,168	1,006	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	284	2,068	0	59.00
60.00	06000	LABORATORY	23,443	23,443	0	23,443	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	801	801	0	801	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	0	2,289	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	0	1,281	0	65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	6,414	2,596	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	0	3,032	0	67.00
68.00	06800	SPEECH PATHOLOGY	693	693	0	693	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	37	3,719	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	6	1,239	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	395	1,283	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	19,734	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	98,393	6,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,574	304,409	481,212	292,943	145,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205	DENTISTRY	564	564	0	564	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	589,405	17,692,987	2,344,459	6,741,576	765,909	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.873911	57.376396	4.871988	22.706478	5.276309	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	486,920	304,963	397,952	61,893	93,786	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.548078	0.988961	0.826979	0.208463	0.646087	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: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,395,946					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	48,757	0	1,340,002			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,911	0	0	23,525,677		14.00
15.00	01500	PHARMACY	98,301	0	0	0	16,398,073	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	12,000	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	206,925	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	12,600	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	624,421	0	624,421	0	123,549	30.00
31.00	03100	INTENSIVE CARE UNIT	74,599	0	74,599	461,300	46,896	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	64,773	0	64,775	0	11,864	31.01
32.00	03200	CORONARY CARE UNIT	84,075	0	8,475	0	32,647	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	68,892	0	68,892	6,256	47	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	16,000	0	16,000	2,962	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	211,162	0	211,162	0	98,828	50.00
51.00	05100	RECOVERY ROOM	20,269	0	20,269	49,768	5,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,760	0	75,760	0	9,087	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	12,059	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	143,871	0	0	0	2,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,706	0	0	87,488	0	55.00
56.00	05600	RADIOISOTOPE	4,330	0	0	4,783	397	56.00
57.00	05700	CT SCAN	19,473	0	0	185,004	7,128	57.00
58.00	05800	MRI	9,864	0	0	0	167	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,483	0	0	0	4,902	59.00
60.00	06000	LABORATORY	6,127	0	0	346,423	11	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	1,742,831	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	66,592	0	0	0	6,414	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,408	0	0	10	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,241	0	0	1,256	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,241	0	0	1,319	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,387	0	0	194,413	1,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,499	0	0	14,006	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,047,008	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:

11/26/2021 12:13 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,582,032	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,457,015	73.00
74.00	07400	RENAL DIALYSIS	45,108	0	0	398,818	406,905	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	37,565	0	0	156,316	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	26,472	0	0	89,796	13,429	90.02
90.03	04952	UNDER THE RAINBOW	39,060	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	2,382	0	0	0	18,212	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	65,836	0	0	108,397	3,508	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	33,207	0	0	45,491	21,090	90.06
91.00	09100	EMERGENCY	175,649	0	175,649	0	113,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,395,946	0	1,340,002	23,525,677	16,398,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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		Cost to be allocated (per Wkst. B, Part I)	7,036,451	0	2,807,143	3,442,219	10,577,037	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.936815	0.000000	2.094880	0.146318	0.645017	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	673,360	0	279,973	770,339	207,822	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.281041	0.000000	0.208935	0.032745	0.012674	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0	0	0	0	0	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
					COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00	18.00	18.01	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,254,488,444					16.00
17.00	01700	SOCIAL SERVICE	0	57,611				17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	553,013,506		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	139,209,709	42,052	0	9,863,955	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,948,045	2,932	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	14,559,371	3,368	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,986,334	4,146	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,918,312	5,113	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,766,105	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,440,073	0	0	50,316,462	0	50.00
51.00	05100	RECOVERY ROOM	31,889,074	0	0	19,037,514	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,642,948	0	0	9,282,735	0	52.00
53.00	05300	ANESTHESIOLOGY	42,077,832	0	0	17,182,023	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,146,255	0	0	49,775,923	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,300,211	0	0	8,459,400	0	55.00
56.00	05600	RADIOISOTOPE	3,710,978	0	0	2,889,641	0	56.00
57.00	05700	CT SCAN	80,511,391	0	0	47,167,918	0	57.00
58.00	05800	MRI	12,052,439	0	0	7,243,818	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,066,506	0	0	5,246,625	0	59.00
60.00	06000	LABORATORY	161,674,628	0	0	98,122,697	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,859,928	0	0	2,065,279	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	45,092,909	0	0	3,287,755	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,906,049	0	0	303,711	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,953,099	0	0	154,636	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,733,246	0	0	182,154	0	68.00
69.00	06900	ELECTROCARDIOLOGY	29,012,639	0	0	15,484,412	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,164,592	0	0	1,794,868	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
					COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00	18.00	18.01	19.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,826,535	0	0	7,943,556	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,014,354	0	0	10,354,271	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,783,736	0	0	57,577,801	0	73.00
74.00	07400	RENAL DIALYSIS	21,194,113	0	0	17,702,909	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,487,018	0	0	6,466,467	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	7,155,133	0	0	7,350,474	0	90.02
90.03	04952	UNDER THE RAINBOW	2,798,538	0	0	2,798,538	0	90.03
90.04	09002	SPASTICITY CLINIC	344,982	0	0	344,982	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	4,327,850	0	0	4,327,850	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	4,592,009	0	0	3,029,689	0	90.06
91.00	09100	EMERGENCY	143,341,503	0	0	87,255,443	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,254,488,444	57,611	0	553,013,506	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	449,999	2,539,896	0	984,167	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000359	44.086997	0.000000	0.001780	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,217	88,509	0	174,483	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000109	1.536321	0.000000	0.000316	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (BLANK)	PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	
			NURSING SCHOOL (BLANK)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES	PRGM COSTS			
				APPRV (I/R TIME)	APPRV (I/R TIME)			
			20.00	21.00	22.00	23.00	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		8,954				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,954			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM					10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,238	6,238	0	2,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	314	314	0	1,159	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	279	279	0	488	31.01
32.00	03200	CORONARY CARE UNIT	0	151	151	0	1,037	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,133	1,133	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	93	93	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	116	116	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM (BLANK)	PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	
			NURSING SCHOOL (BLANK)	SERVICES-SALAR Y & FRINGES APPRV (I/R TIME)	SERVICES-OTHER PRGM COSTS APPRV (I/R TIME)				
				(I/R TIME)	(I/R TIME)				
			20.00	21.00	22.00		23.00	23.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129	129	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	2,256	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	1,706	90.06
91.00	09100	EMERGENCY	0	501	501	0	0	732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,954	8,954	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,914,593	1,008,618	0	0	716,430	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	660.553161	112.644405	0.000000	0	71.643000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	87,021	137,858	0	0	10,417	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	9.718673	15.396247	0.000000	0	1.041700	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0	0	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		MEDICAL STUDENT EDUCATION (BLANK)	
		23.04	
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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
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	01850	OTHER GENERAL SERVICE COST CENTER	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
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	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			MEDICAL STUDENT EDUCATION (BLANK)	
			23.04	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	90.02
90.03	04952	UNDER THE RAINBOW	0	90.03
90.04	09002	SPASTICITY CLINIC	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	100	192.00
192.01	19201	KLING OFFICE BLDG	0	192.01
192.02	19202	DAY PSYCH	0	192.02
192.03	19203	FAMILY PLANNING	0	192.03
192.04	19204	DEVELOPMENT	0	192.04
192.05	19205	DENTISTRY	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	192.07
193.00	19300	NONPAID WORKERS	0	193.00
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)	140,101	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,401.010000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,192	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.920000	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

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-2

Date/Time Prepared:
11/26/2021 12:13 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,787,236		52,787,236	0	52,787,236	30.00
31.00	03100	INTENSIVE CARE UNIT	8,413,540		8,413,540	0	8,413,540	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,690,793		3,690,793	0	3,690,793	31.01
32.00	03200	CORONARY CARE UNIT	8,221,779		8,221,779	0	8,221,779	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,750,165		5,750,165	0	5,750,165	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,517,453		1,517,453	0	1,517,453	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,697,242		17,697,242	0	17,697,242	50.00
51.00	05100	RECOVERY ROOM	2,326,474		2,326,474	0	2,326,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,789,514		6,789,514	0	6,789,514	52.00
53.00	05300	ANESTHESIOLOGY	1,469,996		1,469,996	0	1,469,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,069,425		11,069,425	0	11,069,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,880,281		1,880,281	0	1,880,281	55.00
56.00	05600	RADIOISOTOPE	668,247		668,247	0	668,247	56.00
57.00	05700	CT SCAN	2,875,479		2,875,479	0	2,875,479	57.00
58.00	05800	MRI	907,838		907,838	0	907,838	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,542,466		1,542,466	0	1,542,466	59.00
60.00	06000	LABORATORY	21,378,846		21,378,846	0	21,378,846	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,875,547		2,875,547	0	2,875,547	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,282,057	0	3,282,057	0	3,282,057	65.00
65.01	03560	PULMONARY FUNCTION TESTING	513,086	0	513,086	0	513,086	65.01
66.00	06600	PHYSICAL THERAPY	948,244	0	948,244	0	948,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	877,618	0	877,618	0	877,618	67.00
68.00	06800	SPEECH PATHOLOGY	359,937	0	359,937	0	359,937	68.00
69.00	06900	ELECTROCARDIOLOGY	2,249,702		2,249,702	0	2,249,702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	875,811		875,811	0	875,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,147,009		19,147,009	0	19,147,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,855,980		9,855,980	0	9,855,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,932,609		19,932,609	0	19,932,609	73.00
74.00	07400	RENAL DIALYSIS	4,531,189		4,531,189	0	4,531,189	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	2,313,739		2,313,739	0	2,313,739	90.01
90.02	04951	MSH SPECIALTY CLINIC	1,138,330		1,138,330	0	1,138,330	90.02
90.03	04952	UNDER THE RAINBOW	1,673,751		1,673,751	0	1,673,751	90.03
90.04	09002	SPASTICITY CLINIC	148,420		148,420	0	148,420	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	3,030,446		3,030,446	0	3,030,446	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,739,770		1,739,770	0	1,739,770	90.06
91.00	09100	EMERGENCY	17,099,768		17,099,768	0	17,099,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,813,128		5,813,128	0	5,813,128	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

					Title XVIII		Hospital		PPS		
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
							Total Costs	RCE Disallowance	Total Costs		
					1.00	2.00	3.00	4.00	5.00		
108.00	10800	LUNG ACQUISITION		0			0			0	108.00
109.00	10900	PANCREAS ACQUISITION		0			0			0	109.00
110.00	11000	INTESTINAL ACQUISITION		0			0			0	110.00
111.00	11100	ISLET ACQUISITION		0			0			0	111.00
113.00	11300	INTEREST EXPENSE									113.00
114.00	11400	UTILIZATION REVIEW-SNF									114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0			0			0	115.00
116.00	11600	HOSPICE		0			0			0	116.00
200.00		Subtotal (see instructions)	247,392,915		0		247,392,915	0		247,392,915	200.00
201.00		Less Observation Beds	5,813,128				5,813,128			5,813,128	201.00
202.00		Total (see instructions)	241,579,787		0		241,579,787	0		241,579,787	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0018		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/26/2021 12:13 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	127,755,662			127,755,662				30.00
31.00	03100	INTENSIVE CARE UNIT	25,948,045			25,948,045				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	14,559,371			14,559,371				31.01
32.00	03200	CORONARY CARE UNIT	21,986,334			21,986,334				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0				33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0			0				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0				34.00
40.00	04000	SUBPROVIDER - IPF	10,910,312			10,910,312				40.00
41.00	04100	SUBPROVIDER - IRF	0			0				41.00
42.00	04200	SUBPROVIDER	0			0				42.00
43.00	04300	NURSERY	8,766,105			8,766,105				43.00
44.00	04400	SKILLED NURSING FACILITY	0			0				44.00
45.00	04500	NURSING FACILITY	0			0				45.00
46.00	04600	OTHER LONG TERM CARE	0			0				46.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	50,123,611	50,316,462		100,440,073	0.176197	0.000000		50.00
51.00	05100	RECOVERY ROOM	12,851,560	19,037,514		31,889,074	0.072955	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,360,213	9,282,735		31,642,948	0.214566	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	24,895,809	17,182,023		42,077,832	0.034935	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,370,332	49,775,923		72,146,255	0.153430	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	840,811	8,459,400		9,300,211	0.202176	0.000000		55.00
56.00	05600	RADIOISOTOPE	821,337	2,889,641		3,710,978	0.180073	0.000000		56.00
57.00	05700	CT SCAN	33,343,473	47,167,918		80,511,391	0.035715	0.000000		57.00
58.00	05800	MRI	4,808,621	7,243,818		12,052,439	0.075324	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,819,881	5,246,625		18,066,506	0.085377	0.000000		59.00
60.00	06000	LABORATORY	63,551,931	98,122,697		161,674,628	0.132234	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0		0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,794,649	2,065,279		9,859,928	0.291640	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	30,296,050	767,068		31,063,118	0.105658	0.000000		65.00
65.01	03560	PULMONARY FUNCTION TESTING	11,509,404	2,520,687		14,030,091	0.036570	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	2,602,338	303,711		2,906,049	0.326300	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,798,463	154,636		2,953,099	0.297185	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,551,092	182,154		1,733,246	0.207666	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,528,227	15,484,412		29,012,639	0.077542	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	369,724	1,794,868		2,164,592	0.404608	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,882,979	7,943,556		41,826,535	0.457772	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,660,083	10,354,271		34,014,354	0.289759	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,205,935	57,577,801		109,783,736	0.181562	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,491,204	17,702,909		21,194,113	0.213795	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0		0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0				89.00
90.00	09000	CLINIC	0	0		0	0.000000	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	20,551	6,466,467		6,487,018	0.356672	0.000000		90.01
90.02	04951	MSH SPECIALTY CLINIC	4,659	7,350,474		7,355,133	0.154767	0.000000		90.02
90.03	04952	UNDER THE RAINBOW	0	2,798,538		2,798,538	0.598080	0.000000		90.03
90.04	09002	SPASTICITY CLINIC	0	344,982		344,982	0.430225	0.000000		90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	4,327,850		4,327,850	0.700220	0.000000		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,562,320	3,029,689		4,592,009	0.378869	0.000000		90.06
91.00	09100	EMERGENCY	56,086,060	87,255,443		143,341,503	0.119294	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,590,092	9,863,955		11,454,047	0.507517	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0		0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0		0				99.00
99.10	09910	CORF	0	0		0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0		0				101.00
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	0	0		0				105.00
106.00	10600	HEART ACQUISITION	0	0		0				106.00
107.00	10700	LIVER ACQUISITION	0	0		0				107.00
108.00	10800	LUNG ACQUISITION	0	0		0				108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 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		10.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	701,667,238	553,013,506	1,254,680,744		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	701,667,238	553,013,506	1,254,680,744		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/26/2021 12:13 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176197		50.00
51.00	05100	RECOVERY ROOM	0.072955		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214566		52.00
53.00	05300	ANESTHESIOLOGY	0.034935		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153430		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202176		55.00
56.00	05600	RADIOISOTOPE	0.180073		56.00
57.00	05700	CT SCAN	0.035715		57.00
58.00	05800	MRI	0.075324		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085377		59.00
60.00	06000	LABORATORY	0.132234		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.291640		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.105658		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.036570		65.01
66.00	06600	PHYSICAL THERAPY	0.326300		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297185		67.00
68.00	06800	SPEECH PATHOLOGY	0.207666		68.00
69.00	06900	ELECTROCARDIOLOGY	0.077542		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.404608		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457772		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289759		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181562		73.00
74.00	07400	RENAL DIALYSIS	0.213795		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.356672		90.01
90.02	04951	MSH SPECIALTY CLINIC	0.154767		90.02
90.03	04952	UNDER THE RAINBOW	0.598080		90.03
90.04	09002	SPASTICITY CLINIC	0.430225		90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.700220		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.378869		90.06
91.00	09100	EMERGENCY	0.119294		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.507517		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,787,236		52,787,236	0	52,787,236
31.00	03100	INTENSIVE CARE UNIT	8,413,540		8,413,540	0	8,413,540
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,690,793		3,690,793	0	3,690,793
32.00	03200	CORONARY CARE UNIT	8,221,779		8,221,779	0	8,221,779
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	5,750,165		5,750,165	0	5,750,165
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	1,517,453		1,517,453	0	1,517,453
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,697,242		17,697,242	0	17,697,242
51.00	05100	RECOVERY ROOM	2,326,474		2,326,474	0	2,326,474
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,789,514		6,789,514	0	6,789,514
53.00	05300	ANESTHESIOLOGY	1,469,996		1,469,996	0	1,469,996
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,069,425		11,069,425	0	11,069,425
55.00	05500	RADIOLOGY-THERAPEUTIC	1,880,281		1,880,281	0	1,880,281
56.00	05600	RADIOISOTOPE	668,247		668,247	0	668,247
57.00	05700	CT SCAN	2,875,479		2,875,479	0	2,875,479
58.00	05800	MRI	907,838		907,838	0	907,838
59.00	05900	CARDIAC CATHETERIZATION	1,542,466		1,542,466	0	1,542,466
60.00	06000	LABORATORY	21,378,846		21,378,846	0	21,378,846
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,875,547		2,875,547	0	2,875,547
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,282,057	0	3,282,057	0	3,282,057
65.01	03560	PULMONARY FUNCTION TESTING	513,086	0	513,086	0	513,086
66.00	06600	PHYSICAL THERAPY	948,244	0	948,244	0	948,244
67.00	06700	OCCUPATIONAL THERAPY	877,618	0	877,618	0	877,618
68.00	06800	SPEECH PATHOLOGY	359,937	0	359,937	0	359,937
69.00	06900	ELECTROCARDIOLOGY	2,249,702		2,249,702	0	2,249,702
70.00	07000	ELECTROENCEPHALOGRAPHY	875,811		875,811	0	875,811
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,147,009		19,147,009	0	19,147,009
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,855,980		9,855,980	0	9,855,980
73.00	07300	DRUGS CHARGED TO PATIENTS	19,932,609		19,932,609	0	19,932,609
74.00	07400	RENAL DIALYSIS	4,531,189		4,531,189	0	4,531,189
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	2,313,739		2,313,739	0	2,313,739
90.02	04951	MSH SPECIALTY CLINIC	1,138,330		1,138,330	0	1,138,330
90.03	04952	UNDER THE RAINBOW	1,673,751		1,673,751	0	1,673,751
90.04	09002	SPASTICITY CLINIC	148,420		148,420	0	148,420
90.05	09001	MSH OP BEHAVIORAL HEALTH	3,030,446		3,030,446	0	3,030,446
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,739,770		1,739,770	0	1,739,770
91.00	09100	EMERGENCY	17,099,768		17,099,768	0	17,099,768
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,813,128		5,813,128	0	5,813,128
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

					Title XIX		Hospital		Cost		
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
							Total Costs	RCE Disallowance	Total Costs		
					1.00	2.00	3.00	4.00	5.00		
108.00	10800	LUNG ACQUISITION		0			0			0	108.00
109.00	10900	PANCREAS ACQUISITION		0			0			0	109.00
110.00	11000	INTESTINAL ACQUISITION		0			0			0	110.00
111.00	11100	ISLET ACQUISITION		0			0			0	111.00
113.00	11300	INTEREST EXPENSE									113.00
114.00	11400	UTILIZATION REVIEW-SNF									114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0			0			0	115.00
116.00	11600	HOSPICE		0			0			0	116.00
200.00		Subtotal (see instructions)	247,392,915		0		247,392,915		0	247,392,915	200.00
201.00		Less Observation Beds	5,813,128				5,813,128			5,813,128	201.00
202.00		Total (see instructions)	241,579,787		0		241,579,787		0	241,579,787	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0018		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/26/2021 12:13 pm		
				Title XIX			Hospital		Cost	
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
				Inpatient	Outpatient	Total (col. 6 + col. 7)				
				6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	127,755,662		127,755,662					
31.00	03100	INTENSIVE CARE UNIT	25,948,045		25,948,045					
31.01	02060	NEONATAL INTENSIVE CARE UNIT	14,559,371		14,559,371					
32.00	03200	CORONARY CARE UNIT	21,986,334		21,986,334					
33.00	03300	BURN INTENSIVE CARE UNIT	0		0					
33.01	03301	BURN INTENSIVE CARE UNIT	0		0					
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0					
40.00	04000	SUBPROVIDER - IPF	10,910,312		10,910,312					
41.00	04100	SUBPROVIDER - IRF	0		0					
42.00	04200	SUBPROVIDER	0		0					
43.00	04300	NURSERY	8,766,105		8,766,105					
44.00	04400	SKILLED NURSING FACILITY	0		0					
45.00	04500	NURSING FACILITY	0		0					
46.00	04600	OTHER LONG TERM CARE	0		0					
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	50,123,611	50,316,462	100,440,073	0.176197	0.000000	50.00		
51.00	05100	RECOVERY ROOM	12,851,560	19,037,514	31,889,074	0.072955	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,360,213	9,282,735	31,642,948	0.214566	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	24,895,809	17,182,023	42,077,832	0.034935	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,370,332	49,775,923	72,146,255	0.153430	0.000000	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	840,811	8,459,400	9,300,211	0.202176	0.000000	55.00		
56.00	05600	RADIOISOTOPE	821,337	2,889,641	3,710,978	0.180073	0.000000	56.00		
57.00	05700	CT SCAN	33,343,473	47,167,918	80,511,391	0.035715	0.000000	57.00		
58.00	05800	MRI	4,808,621	7,243,818	12,052,439	0.075324	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	12,819,881	5,246,625	18,066,506	0.085377	0.000000	59.00		
60.00	06000	LABORATORY	63,551,931	98,122,697	161,674,628	0.132234	0.000000	60.00		
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01		
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,794,649	2,065,279	9,859,928	0.291640	0.000000	62.00		
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00		
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00		
65.00	06500	RESPIRATORY THERAPY	30,296,050	767,068	31,063,118	0.105658	0.000000	65.00		
65.01	03560	PULMONARY FUNCTION TESTING	11,509,404	2,520,687	14,030,091	0.036570	0.000000	65.01		
66.00	06600	PHYSICAL THERAPY	2,602,338	303,711	2,906,049	0.326300	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	2,798,463	154,636	2,953,099	0.297185	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	1,551,092	182,154	1,733,246	0.207666	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	13,528,227	15,484,412	29,012,639	0.077542	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	369,724	1,794,868	2,164,592	0.404608	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,882,979	7,943,556	41,826,535	0.457772	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,660,083	10,354,271	34,014,354	0.289759	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	52,205,935	57,577,801	109,783,736	0.181562	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	3,491,204	17,702,909	21,194,113	0.213795	0.000000	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00		
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00		
90.01	04950	OUTPATIENT CHEMOTHERAPY	20,551	6,466,467	6,487,018	0.356672	0.000000	90.01		
90.02	04951	MSH SPECIALTY CLINIC	4,659	7,350,474	7,355,133	0.154767	0.000000	90.02		
90.03	04952	UNDER THE RAINBOW	0	2,798,538	2,798,538	0.598080	0.000000	90.03		
90.04	09002	SPASTICITY CLINIC	0	344,982	344,982	0.430225	0.000000	90.04		
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	4,327,850	4,327,850	0.700220	0.000000	90.05		
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,562,320	3,029,689	4,592,009	0.378869	0.000000	90.06		
91.00	09100	EMERGENCY	56,086,060	87,255,443	143,341,503	0.119294	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,590,092	9,863,955	11,454,047	0.507517	0.000000	92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00		
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00		
99.00	09900	CMHC	0	0	0			99.00		
99.10	09910	CORF	0	0	0			99.10		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00		
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00		
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00		
106.00	10600	HEART ACQUISITION	0	0	0			106.00		
107.00	10700	LIVER ACQUISITION	0	0	0			107.00		
108.00	10800	LUNG ACQUISITION	0	0	0			108.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	701,667,238	553,013,506	1,254,680,744			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	701,667,238	553,013,506	1,254,680,744			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 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	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
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	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000			90.01
90.02	04951	MSH SPECIALTY CLINIC	0.000000			90.02
90.03	04952	UNDER THE RAINBOW	0.000000			90.03
90.04	09002	SPASTICITY CLINIC	0.000000			90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.000000			90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/26/2021 12:13 pm

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	4,402,780	0	4,402,780	47,256	93.17	30.00
31.00	INTENSIVE CARE UNIT	325,408		325,408	2,932	110.98	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	125,120		125,120	3,368	37.15	31.01
32.00	CORONARY CARE UNIT	328,162		328,162	4,146	79.15	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	473,258	0	473,258	5,113	92.56	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	67,701		67,701	2,579	26.25	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,722,429		5,722,429	65,394		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	6,190	576,722				30.00
31.00	INTENSIVE CARE UNIT	342	37,955				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	514	40,683				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	546	50,538				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	7,592	705,898				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/26/2021 12:13 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	1,164,627	100,440,073	0.011595	5,090,414	59,023	50.00
51.00	05100	RECOVERY ROOM	84,844	31,889,074	0.002661	1,432,725	3,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	306,677	31,642,948	0.009692	79,031	766	52.00
53.00	05300	ANESTHESIOLOGY	83,768	42,077,832	0.001991	2,190,065	4,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	688,491	72,146,255	0.009543	4,030,176	38,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	150,780	9,300,211	0.016213	71,372	1,157	55.00
56.00	05600	RADIOISOTOPE	98,602	3,710,978	0.026570	205,452	5,459	56.00
57.00	05700	CT SCAN	93,284	80,511,391	0.001159	4,919,953	5,702	57.00
58.00	05800	MRI	51,366	12,052,439	0.004262	687,706	2,931	58.00
59.00	05900	CARDIAC CATHETERIZATION	91,277	18,066,506	0.005052	2,351,280	11,879	59.00
60.00	06000	LABORATORY	1,037,769	161,674,628	0.006419	7,820,030	50,197	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	112,802	9,859,928	0.011440	650,118	7,437	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	128,320	31,063,118	0.004131	6,646,310	27,456	65.00
65.01	03560	PULMONARY FUNCTION TESTING	48,782	14,030,091	0.003477	0	0	65.01
66.00	06600	PHYSICAL THERAPY	106,289	2,906,049	0.036575	423,557	15,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	116,077	2,953,099	0.039307	338,160	13,292	67.00
68.00	06800	SPEECH PATHOLOGY	27,931	1,733,246	0.016115	306,760	4,943	68.00
69.00	06900	ELECTROCARDIOLOGY	169,222	29,012,639	0.005833	2,437,892	14,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,757	2,164,592	0.024835	58,615	1,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	607,199	41,826,535	0.014517	4,799,658	69,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	311,714	34,014,354	0.009164	2,833,538	25,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	281,570	109,783,736	0.002565	9,374,197	24,045	73.00
74.00	07400	RENAL DIALYSIS	110,572	21,194,113	0.005217	864,856	4,512	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	37,341	6,487,018	0.005756	2,001	12	90.01
90.02	04951	MSH SPECIALTY CLINIC	20,059	7,355,133	0.002727	2,399	7	90.02
90.03	04952	UNDER THE RAINBOW	20,957	2,798,538	0.007489	0	0	90.03
90.04	09002	SPASTICITY CLINIC	1,786	344,982	0.005177	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	39,531	4,327,850	0.009134	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	21,055	4,592,009	0.004585	0	0	90.06
91.00	09100	EMERGENCY	528,239	143,341,503	0.003685	6,536,766	24,088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	484,850	11,454,047	0.042330	224,584	9,507	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	7,079,538	1,044,754,915		64,377,615	425,857	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part III
Date/Time Prepared:
11/26/2021 12:13 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	187,847	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	83,034	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	34,962	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	74,294	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	380,137	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	187,847	47,256	3.98	6,190	30.00	
31.00	03100	INTENSIVE CARE UNIT		83,034	2,932	28.32	342	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		34,962	3,368	10.38	0	31.01	
32.00	03200	CORONARY CARE UNIT		74,294	4,146	17.92	514	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	5,113	0.00	546	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	2,579	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)		380,137	65,394		7,592	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	24,636						30.00
31.00	03100	INTENSIVE CARE UNIT	9,685						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	9,211						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	43,532						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 14-0018 Period: From 07/01/2020 To 06/30/2021 Worksheet D Part IV Date/Time Prepared: 11/26/2021 12:13 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	161,627	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	122,223	90.06
91.00	09100	EMERGENCY	0	0	0	52,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,689	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	356,982	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		All Other Medical Education Cost	Title XVIII		Hospital		PPS	
			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	100,440,073	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	31,889,074	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	31,642,948	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	42,077,832	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,146,255	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,300,211	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,710,978	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	80,511,391	0.000000	57.00
58.00	05800	MRI	0	0	0	12,052,439	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	18,066,506	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	161,674,628	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	9,859,928	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,063,118	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	14,030,091	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,906,049	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,953,099	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,733,246	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,012,639	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,164,592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,826,535	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,014,354	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,627	161,627	109,783,736	0.001472	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	21,194,113	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	6,487,018	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	7,355,133	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	2,798,538	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	344,982	0.000000	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	4,327,850	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	122,223	122,223	4,592,009	0.026616	90.06
91.00	09100	EMERGENCY	0	52,443	52,443	143,341,503	0.000366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,689	20,689	11,454,047	0.001806	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	356,982	356,982	1,044,754,915		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/26/2021 12:13 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	5,090,414	0	2,766,766	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,432,725	0	1,186,880	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	79,031	0	40,067	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,190,065	0	1,007,170	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,030,176	0	3,965,833	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	71,372	0	1,296,948	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	205,452	0	439,212	0	56.00	
57.00	05700 CT SCAN	0.000000	4,919,953	0	3,593,924	0	57.00	
58.00	05800 MRI	0.000000	687,706	0	374,699	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,351,280	0	901,217	0	59.00	
60.00	06000 LABORATORY	0.000000	7,820,030	0	2,578,614	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000					61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	650,118	0	38,917	0	62.00	
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	6,646,310	0	391,575	0	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	423,557	0	5,597	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	338,160	0	2,265	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	306,760	0	10,118	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,437,892	0	2,432,373	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	58,615	0	27,018	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,799,658	0	762,948	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,833,538	0	1,179,845	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001472	9,374,197	13,799	8,046,178	11,844	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	864,856	0	37,939	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.000000	2,001	0	414,291	0	90.01	
90.02	04951 MSH SPECIALTY CLINIC	0.000000	2,399	0	881,721	0	90.02	
90.03	04952 UNDER THE RAINBOW	0.000000	0	0	0	0	90.03	
90.04	09002 SPASTICITY CLINIC	0.000000	0	0	11,434	0	90.04	
90.05	09001 MSH OP BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.05	
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.026616	0	0	629,951	16,767	90.06	
91.00	09100 EMERGENCY	0.000366	6,536,766	2,392	3,711,585	1,358	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.001806	224,584	406	744,579	1,345	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)		64,377,615	16,597	37,479,664	31,314	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/26/2021 12:13 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.176197	2,766,766	0	0	487,496	50.00	
51.00	05100	RECOVERY ROOM	0.072955	1,186,880	0	0	86,589	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214566	40,067	0	0	8,597	52.00	
53.00	05300	ANESTHESIOLOGY	0.034935	1,007,170	0	0	35,185	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153430	3,965,833	0	0	608,478	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202176	1,296,948	0	0	262,212	55.00	
56.00	05600	RADIOISOTOPE	0.180073	439,212	0	0	79,090	56.00	
57.00	05700	CT SCAN	0.035715	3,593,924	0	0	128,357	57.00	
58.00	05800	MRI	0.075324	374,699	0	0	28,224	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.085377	901,217	0	0	76,943	59.00	
60.00	06000	LABORATORY	0.132234	2,578,614	0	0	340,980	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.291640	38,917	0	0	11,350	62.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.105658	391,575	0	0	41,373	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0.036570	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.326300	5,597	0	0	1,826	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.297185	2,265	0	0	673	67.00	
68.00	06800	SPEECH PATHOLOGY	0.207666	10,118	0	0	2,101	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.077542	2,432,373	0	0	188,611	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.404608	27,018	0	0	10,932	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457772	762,948	0	0	349,256	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289759	1,179,845	0	0	341,871	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181562	8,046,178	0	12,905	1,460,880	73.00	
74.00	07400	RENAL DIALYSIS	0.213795	37,939	0	0	8,111	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.356672	414,291	0	0	147,766	90.01	
90.02	04951	MSH SPECIALTY CLINIC	0.154767	881,721	0	0	136,461	90.02	
90.03	04952	UNDER THE RAINBOW	0.598080	0	0	0	0	90.03	
90.04	09002	SPASTICITY CLINIC	0.430225	11,434	0	0	4,919	90.04	
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.700220	0	0	0	0	90.05	
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.378869	629,951	0	0	238,669	90.06	
91.00	09100	EMERGENCY	0.119294	3,711,585	0	0	442,770	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.507517	744,579	0	0	377,887	92.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00	
95.00	09500	AMBULANCE SERVICES	0.000000		0	0		95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		37,479,664	0	12,905	5,907,607	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		37,479,664	0	12,905	5,907,607	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/26/2021 12:13 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
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	2,343		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0		90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0		90.02
90.03	04952	UNDER THE RAINBOW	0	0		90.03
90.04	09002	SPASTICITY CLINIC	0	0		90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0		90.06
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	0	2,343		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	2,343		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:

Worksheet D

Component CCN: 14-S018

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/26/2021 12:13 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	1,164,627	100,440,073	0.011595	0	0	50.00
51.00	05100	RECOVERY ROOM	84,844	31,889,074	0.002661	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	306,677	31,642,948	0.009692	0	0	52.00
53.00	05300	ANESTHESIOLOGY	83,768	42,077,832	0.001991	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	688,491	72,146,255	0.009543	9,336	89	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	150,780	9,300,211	0.016213	0	0	55.00
56.00	05600	RADIOISOTOPE	98,602	3,710,978	0.026570	0	0	56.00
57.00	05700	CT SCAN	93,284	80,511,391	0.001159	12,594	15	57.00
58.00	05800	MRI	51,366	12,052,439	0.004262	3,982	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	91,277	18,066,506	0.005052	0	0	59.00
60.00	06000	LABORATORY	1,037,769	161,674,628	0.006419	173,864	1,116	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	112,802	9,859,928	0.011440	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	128,320	31,063,118	0.004131	645	3	65.00
65.01	03560	PULMONARY FUNCTION TESTING	48,782	14,030,091	0.003477	0	0	65.01
66.00	06600	PHYSICAL THERAPY	106,289	2,906,049	0.036575	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	116,077	2,953,099	0.039307	71,576	2,813	67.00
68.00	06800	SPEECH PATHOLOGY	27,931	1,733,246	0.016115	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	169,222	29,012,639	0.005833	25,186	147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,757	2,164,592	0.024835	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	607,199	41,826,535	0.014517	3,292	48	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	311,714	34,014,354	0.009164	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	281,570	109,783,736	0.002565	205,091	526	73.00
74.00	07400	RENAL DIALYSIS	110,572	21,194,113	0.005217	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	37,341	6,487,018	0.005756	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	20,059	7,355,133	0.002727	0	0	90.02
90.03	04952	UNDER THE RAINBOW	20,957	2,798,538	0.007489	0	0	90.03
90.04	09002	SPASTICITY CLINIC	1,786	344,982	0.005177	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	39,531	4,327,850	0.009134	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	21,055	4,592,009	0.004585	0	0	90.06
91.00	09100	EMERGENCY	528,239	143,341,503	0.003685	217,831	803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,454,047	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	6,594,688	1,044,754,915		723,397	5,577	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/26/2021 12:13 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
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	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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	161,627	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
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC		0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0	0	0	0	122,223	90.06
91.00	09100	EMERGENCY		0	0	0	0	52,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	336,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/26/2021 12:13 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	100,440,073	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	31,889,074	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	31,642,948	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	42,077,832	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	72,146,255	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	9,300,211	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	3,710,978	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	80,511,391	0.000000	57.00
58.00	05800	MRI		0	0	0	12,052,439	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	18,066,506	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	161,674,628	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	9,859,928	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	31,063,118	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	14,030,091	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	2,906,049	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,953,099	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,733,246	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	29,012,639	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,164,592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	41,826,535	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	34,014,354	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	161,627	161,627	109,783,736	0.001472	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	21,194,113	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	6,487,018	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC		0	0	0	7,355,133	0.000000	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	2,798,538	0.000000	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	344,982	0.000000	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0	0	0	4,327,850	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0	122,223	122,223	4,592,009	0.026616	90.06
91.00	09100	EMERGENCY		0	52,443	52,443	143,341,503	0.000366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	11,454,047	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	336,293	336,293	1,044,754,915		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/26/2021 12:13 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		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	9,336	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	12,594	0	0	0	57.00
58.00	05800	MRI		0.000000	3,982	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	173,864	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	645	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	71,576	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	25,186	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	3,292	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		0.001472	205,091	302	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
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0.000000	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC		0.000000	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW		0.000000	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0.000000	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0.000000	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0.026616	0	0	0	0	90.06
91.00	09100	EMERGENCY		0.000366	217,831	80	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)			723,397	382	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/26/2021 12:13 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)		47,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,256	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)		42,052	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)		6,190	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)		52,787,236	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)		52,787,236	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)		52,787,236	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)		1,117.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,914,540	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)		6,914,540	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/26/2021 12:13 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	8,413,540	2,932	2,869.56	342	981,390
43.01	NEONATAL INTENSIVE CARE UNIT	3,690,793	3,368	1,095.84	0	0
44.00	CORONARY CARE UNIT	8,221,779	4,146	1,983.06	514	1,019,293
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					10,433,971
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,349,194
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					698,892
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					442,454
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,141,346
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,207,848
	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)					5,204
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,117.05
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,813,128

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,402,780	52,787,236	0.083406	5,813,128	484,850
91.00	Nursing School cost	0	52,787,236	0.000000	5,813,128	0
92.00	Allied health cost	187,847	52,787,236	0.003559	5,813,128	20,689
93.00	All other Medical Education	0	52,787,236	0.000000	5,813,128	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/26/2021 12:13 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)		5,113	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,113	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)		5,113	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)		546	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)		5,750,165	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)		5,750,165	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)		5,750,165	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)		1,124.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		614,043	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)		614,043	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/26/2021 12:13 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	NEONATAL INTENSIVE CARE UNIT	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
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					113,195	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					727,238	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)					50,538	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,959	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					56,497	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					670,741	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: 14-0018 Component CCN: 14-S018		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/26/2021 12:13 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	473,258	5,750,165	0.082303	0	0	90.00
91.00 Nursing School cost	0	5,750,165	0.000000	0	0	91.00
92.00 Allied health cost	0	5,750,165	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,750,165	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/26/2021 12:13 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		17,168,967	30.00
31.00	03100	INTENSIVE CARE UNIT		3,002,322	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		4,220,142	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176197	5,090,414	50.00
51.00	05100	RECOVERY ROOM	0.072955	1,432,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214566	79,031	52.00
53.00	05300	ANESTHESIOLOGY	0.034935	2,190,065	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153430	4,030,176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202176	71,372	55.00
56.00	05600	RADIOISOTOPE	0.180073	205,452	56.00
57.00	05700	CT SCAN	0.035715	4,919,953	57.00
58.00	05800	MRI	0.075324	687,706	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085377	2,351,280	59.00
60.00	06000	LABORATORY	0.132234	7,820,030	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.291640	650,118	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.105658	6,646,310	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.036570	0	65.01
66.00	06600	PHYSICAL THERAPY	0.326300	423,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297185	338,160	67.00
68.00	06800	SPEECH PATHOLOGY	0.207666	306,760	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077542	2,437,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.404608	58,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457772	4,799,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289759	2,833,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181562	9,374,197	73.00
74.00	07400	RENAL DIALYSIS	0.213795	864,856	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.356672	2,001	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.154767	2,399	90.02
90.03	04952	UNDER THE RAINBOW	0.598080	0	90.03
90.04	09002	SPASTICITY CLINIC	0.430225	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.700220	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.378869	0	90.06
91.00	09100	EMERGENCY	0.119294	6,536,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507517	224,584	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		64,377,615	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		64,377,615	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/26/2021 12:13 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	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF		1,171,574		40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176197	0	0	50.00
51.00	05100	RECOVERY ROOM	0.072955	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214566	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034935	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153430	9,336	1,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202176	0	0	55.00
56.00	05600	RADIOISOTOPE	0.180073	0	0	56.00
57.00	05700	CT SCAN	0.035715	12,594	450	57.00
58.00	05800	MRI	0.075324	3,982	300	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085377	0	0	59.00
60.00	06000	LABORATORY	0.132234	173,864	22,991	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.291640	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.105658	645	68	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.036570	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.326300	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297185	71,576	21,271	67.00
68.00	06800	SPEECH PATHOLOGY	0.207666	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077542	25,186	1,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.404608	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457772	3,292	1,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289759	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181562	205,091	37,237	73.00
74.00	07400	RENAL DIALYSIS	0.213795	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.356672	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.154767	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0.598080	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0.430225	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.700220	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.378869	0	0	90.06
91.00	09100	EMERGENCY	0.119294	217,831	25,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507517	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		723,397	113,195	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		723,397		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/26/2021 12:13 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)		3,346,087	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,205,635	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)		192,115	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		306,703	2.04
3.00	Managed Care Simulated Payments		11,481,705	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		221.74	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)		91.35	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)		33.00	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)		2.38	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)		0.02	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)		121.99	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		101.60	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.04	11.00
12.00	Current year allowable FTE (see instructions)		103.64	12.00
13.00	Total allowable FTE count for the prior year.		105.93	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.		102.24	14.00
15.00	Sum of lines 12 through 14 divided by 3.		103.94	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		103.94	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.468747	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.479340	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.468747	21.00
22.00	IME payment adjustment (see instructions)		3,081,933	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,611,169	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)		-20.39	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)		3,081,933	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,611,169	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		20.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)		59.24	31.00
32.00	Sum of lines 30 and 31		80.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		55.22	33.00
34.00	Disproportionate share adjustment (see instructions)		1,870,815	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/26/2021 12:13 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)		8,282,872,447	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000686108	0.000743005	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		5,682,945	6,159,524	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,428,499	4,606,985	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,035,484		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		25,038,772		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			27,649,941	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,527,667	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).			2,065,278	52.00
53.00	Nursing and Allied Health Managed Care payment			12,287	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			43,532	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			16,597	58.00
59.00	Total (sum of amounts on lines 49 through 58)			31,315,302	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			31,315,302	61.00
62.00	Deductibles billed to program beneficiaries			1,069,902	62.00
63.00	Coinsurance billed to program beneficiaries			56,863	63.00
64.00	Allowable bad debts (see instructions)			1,324,110	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			860,672	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			920,850	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			31,049,209	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)			-112,399	70.93
70.94	HRR adjustment amount (see instructions)			-53,460	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/26/2021 12:13 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	70.98
70.99	HAC adjustment amount (see instructions)			209,242	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			30,674,108	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			33,816,394	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-3,142,286	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			756,440	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)			229,965	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			9,310	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	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	0.0000	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

Health Financial Systems		MOUNT SINAI HOSPITAL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/26/2021 12:13 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			2,343	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			5,876,293	2.00
3.00	OPPS payments			5,614,869	3.00
4.00	Outlier payment (see instructions)			8,064	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			31,314	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			2,343	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			12,905	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)			12,905	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)			12,905	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			10,562	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0	20.00
21.00	Lesser of cost or charges (see instructions)			2,343	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)			5,654,247	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)			1,081,767	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)			4,574,823	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			607,823	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)			5,182,646	30.00
31.00	Primary payer payments			1,326	31.00
32.00	Subtotal (line 30 minus line 31)			5,181,320	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			142,543	33.00
34.00	Allowable bad debts (see instructions)			686,121	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			445,979	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			377,028	36.00
37.00	Subtotal (see instructions)			5,769,842	37.00
38.00	MSP-LCC reconciliation amount from PS&R			21	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)			5,769,821	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			5,698,895	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)			70,926	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)			42,561	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: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/26/2021 12:13 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		33,005,186		5,986,721	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	05/27/2021	811,208		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	05/27/2021	287,826	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)		811,208		-287,826	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)		33,816,394		5,698,895	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		70,926	6.01
6.02	SETTLEMENT TO PROGRAM		3,142,286		0	6.02
7.00	Total Medicare program liability (see instructions)		30,674,108		5,769,821	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0018

Period:

Worksheet E-1

Component CCN: 14-S018

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/26/2021 12:13 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		444,462		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		444,462		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		24,863		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		469,325		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/26/2021 12:13 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)		534,130	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	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)		0.00	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)		0.00	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)		0.00	8.00
9.00	Average Daily Census (see instructions)		14.008219	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		534,130	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)		534,130	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		534,130	18.00
19.00	Deductibles		61,147	19.00
20.00	Subtotal (line 18 minus line 19)		472,983	20.00
21.00	Coinsurance		28,528	21.00
22.00	Subtotal (line 20 minus line 21)		444,455	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		37,674	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		24,488	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		27,866	25.00
26.00	Subtotal (sum of lines 22 and 24)		468,943	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		382	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		469,325	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		444,462	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)		24,863	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/26/2021 12:13 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.					91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					2.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.02	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)					122.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					102.64	6.00
7.00	Enter the lesser of line 5 or line 6					102.64	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.	66.87		31.94		98.81	
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.	66.87		31.94		98.81	
10.00	Weighted dental and podiatric resident FTE count for the current year			2.02		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			2.21		10.01	
11.00	Total weighted FTE count	66.87		33.96		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	73.92		26.63		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	74.18		24.86		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	71.66		28.48		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	71.66		28.48		17.00	
18.00	Per resident amount	114,650.48		108,503.92		18.00	
19.00	Approved amount for resident costs	8,215,853		3,090,192		11,306,045	
						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	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	
24.00	Multiply line 22 time line 23					0	
25.00	Total direct GME amount (sum of lines 19 and 24)					11,306,045	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,592		3,214		3,214	
27.00	Total Inpatient Days (see instructions)	58,192		58,192		58,192	
28.00	Ratio of inpatient days to total inpatient days	0.130465		0.055231		0.055231	
29.00	Program direct GME amount	1,475,043		624,444		624,444	
29.01	Percent reduction for MA DGME			4.07		4.07	
30.00	Reduction for direct GME payments for Medicare Advantage			25,415		25,415	
31.00	Net Program direct GME amount					2,673,101	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/26/2021 12:13 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		21,194,113	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)		20,076,432	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		20,076,432	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		5,909,950	42.00
43.00	Primary payer payments (see instructions)		1,326	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		5,908,624	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		25,985,056	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.772615	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.227385	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,673,101	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,065,278	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		607,823	50.00

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

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
11/26/2021 12:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,000	0	0	0	1.00
2.00	Temporary investments	1,867,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,753,000	0	0	0	4.00
5.00	Other receivable	4,180,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,918,000	0	0	0	7.00
8.00	Prepaid expenses	1,316,000	0	0	0	8.00
9.00	Other current assets	3,297,000	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)	50,334,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,725,650	0	0	0	12.00
13.00	Land improvements	2,922,248	0	0	0	13.00
14.00	Accumulated depreciation	-1,411,379	0	0	0	14.00
15.00	Buildings	170,899,343	0	0	0	15.00
16.00	Accumulated depreciation	-130,779,141	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	99,815,467	0	0	0	23.00
24.00	Accumulated depreciation	-82,335,884	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	60,836,304	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,588,000	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	207,693,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	225,281,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	336,451,304	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,091,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,551,000	0	0	0	38.00
39.00	Payroll taxes payable	4,286,000	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,886,000	0	0	0	40.00
41.00	Deferred income	30,044,000	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	42,872,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	119,730,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	43,352,000	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	129,653,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	173,005,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	292,735,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	43,716,304	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)	43,716,304	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	336,451,304	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/26/2021 12:13 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		12,000,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		28,793,965				2.00
3.00	Total (sum of line 1 and line 2)		40,793,965		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CAHANGE IN FUND BALANCE DONOR CONTR	2,922,339		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,922,339		0		10.00
11.00	Subtotal (line 3 plus line 10)		43,716,304		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		43,716,304		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	CAHANGE IN FUND BALANCE DONOR CONTR		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2021 12:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	136,521,767		136,521,767	1.00
2.00	SUBPROVIDER - IPF	10,910,312		10,910,312	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	147,432,079		147,432,079	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,948,045		25,948,045	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	14,559,371		14,559,371	11.01
12.00	CORONARY CARE UNIT	21,986,334		21,986,334	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	62,493,750		62,493,750	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	209,925,829		209,925,829	17.00
18.00	Ancillary services	491,742,409	553,813,506	1,045,555,915	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	701,668,238	553,813,506	1,255,481,744	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,163,935		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBTS	40,151,425			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)		40,151,425		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		356,315,360		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/26/2021 12:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,255,481,744	1.00
2.00	Less contractual allowances and discounts on patients' accounts	937,806,127	2.00
3.00	Net patient revenues (line 1 minus line 2)	317,675,617	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	356,315,360	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-38,639,743	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,236,426	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	2,438,742	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	615,876	22.00
23.00	Governmental appropriations	0	23.00
24.00	340B REVENUE	14,962,261	24.00
24.01	MEDICAL EDUCATION PROGRAM REVENUE	3,079,288	24.01
24.02	GRANT REVENUE	5,048,049	24.02
24.03	OTHER REVENUE	3,271,046	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.50	COVID-19 PHE Funding	36,782,020	24.50
25.00	Total other income (sum of lines 6-24)	67,433,708	25.00
26.00	Total (line 5 plus line 25)	28,793,965	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,793,965	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet I-1
	Component CCN: 14-2302		Date/Time Prepared: 11/26/2021 12:13 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	649,131	HOURS OF SERVICE	13,751.00	6.61	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	659,912	HOURS OF SERVICE	22,410.00	10.77	4.00
5.00	SOCIAL WORKERS	70,778	HOURS OF SERVICE	2,080.00	1.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	65,251	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	217,916	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,662,988				9.00
10.00	EMPLOYEE BENEFITS	0	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	68,125	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	427,580	REQUISITIONS			14.00
15.00	DRUGS	405,472	REQUISITIONS			15.00
16.00	OTHER	152,112	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,716,277				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	18,649	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	24,533	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	266,543	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	905,704	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	105,150	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	58,354	REQUISITIONS			24.00
25.00	PHARMACY	262,461	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	173,518	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,531,189				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,531,189				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0018

Period:

Worksheet I-2

Component CCN: 14-2302

From 07/01/2020
To 06/30/2021

Date/Time Prepared:

11/26/2021 12:13 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	123,799	92,658	649,131	730,690	266,543	667,933	1.00
MAINTENANCE								
2.00	Hemodialysis	106,220	79,501	556,954	626,932	228,694	573,087	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	17,579	13,157	92,177	103,758	37,849	94,846	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	123,799	92,658	649,131	730,690	266,543	667,933	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	485,934	0	3,016,688	1,514,501	4,531,189		1.00
MAINTENANCE								
2.00	Hemodialysis	416,931	0	2,588,319	1,299,442	3,887,761		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	69,003	0	428,369	215,059	643,428		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	485,934	0	3,016,688	1,514,501	4,531,189		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,531,189		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018
Component CCN: 14-2302Period:
From 07/01/2020
To 06/30/2021Worksheet I-3
Date/Time Prepared:
11/26/2021 12:13 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	123,799	92,658	649,131	730,690	266,543	1.00
MAINTENANCE							
2.00	Hemodialysis	8,580	8,580.00	8,580.00	8,580.00	8,580	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,971	1,420	1,420.00	1,420.00	1,420	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,000	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	12.379900	9.265800	64.913100	73.069000	26.654300	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	667,933	485,934	0	3,016,688	1,514,501	1.00
MAINTENANCE							
2.00	Hemodialysis	8,580	8,580	8,580			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,420	1,420	1,420			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		3,016,688	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	66.793300	48.593400	0.000000		0.502041	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0018

Period:

Worksheet I-4

Component CCN: 14-2302

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/26/2021 12:13 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	9,642	3,887,761	403.21	4,678	1,886,216
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	9,642	3,887,761		4,678	1,886,216
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	9,642				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,133,620	242.33			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,133,620				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0018	Period: From 07/01/2020 To 06/30/2021	Worksheet I-5 Date/Time Prepared: 11/26/2021 12:13 pm	
			1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B					
1.00	Total expenses related to care of program beneficiaries (see instructions)		1,886,216		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		1,133,620	1,133,620	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)				2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)				2.02
2.03	Total payment due (see instructions)		1,133,620	1,133,620	2.03
2.04	Outlier payments		6,500		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		222	222	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)				3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)				3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)		222	222	3.03
4.00	Coinsurance billed to Medicare (Part B) patients		288,978	288,978	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)		288,978	288,978	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012				5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013				5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014				5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		219,297	219,297	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		219,297	219,297	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		142,543		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		79,273		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		0	69,903	8.00
9.00	Program payment (see instructions)		0	906,718	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		142,543		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE					
12.00	Total allowable expenses (see instructions)		3,887,761		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)		3,887,761		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		1.000000		14.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0018

Period:
From 07/01/2020
To 06/30/2021Worksheet L
Parts I-III
Date/Time Prepared:
11/26/2021 12:13 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,043,549	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	67,325	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)	145.42	3.00
4.00	Number of interns & residents (see instructions)	103.94	4.00
5.00	Indirect medical education percentage (see instructions)	22.35	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)	233,233	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	20.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	59.24	8.00
9.00	Sum of lines 7 and 8	80.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	17.59	10.00
11.00	Disproportionate share adjustment (see instructions)	183,560	11.00
12.00	Total prospective capital payments (see instructions)	1,527,667	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