

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: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 9:29 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 9:29 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL (14-0029) 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) BRENDA VAN WYHE

Officer or Administrator of Provider(s)

SVP FINANCE & CFO

Title

(Dated when report is electronically signed.)

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	-129,466	140,802	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-15,199	-19		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
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
200.00	Total	0	-144,665	140,783	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: 14-0029		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:29 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2000 OGDEN AVENUE			PO Box:				1.00			
2.00	City: AURORA			State: IL		Zip Code: 60504		County: KANE			
		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		COPLEY MEMORIAL HOSPITAL		140029	20994	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		COPLEY MEMORIAL HOSPITAL REHAB		14T029	20994	5	01/01/1991	N	P	O
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										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
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.					N	N		Y	22.04	
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 9:29 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,568	4,098	0	0	6,932	55	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	70	200	0	0	75		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:29 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
			0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 9:29 am

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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
			V 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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	
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:29 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	308,631	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:29 am
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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				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	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0029		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:29 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/05/2021	Y	10/05/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 9:29 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JONATHAN	SHEDDEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	COPLEY MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-692-5726	JONATHAN.SHEDDEN@RUSHCOPLEY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:29 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCT. & REIMBURSEMENT		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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:29 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	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	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		210				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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:29 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,593	4,964	39,306			1.00
2.00	HMO and other (see instructions)	6,965	6,932				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	75				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)	14,593	4,964	39,306			7.00
8.00	INTENSIVE CARE UNIT	1,422	726	5,744			8.00
8.01	NICU	0	432	3,424			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		544	4,304			13.00
14.00	Total (see instructions)	16,015	6,666	52,778	13.61	1,567.42	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	3,101	270	5,037	1.00	23.18	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
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)				14.61	1,590.60	27.00
28.00	Observation Bed Days		1,600	7,677			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	55	1,911			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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:29 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,480	621	11,592	1.00
2.00 HMO and other (see instructions)			1,319	2,342		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,480	621	11,592	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	228	95	371	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:29 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	139,584,751	0	139,584,751	3,308,460.00	42.19
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		644,727	0	644,727	6,032.00	106.88
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	745,472	0	745,472	28,552.00	26.11
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)		2,189,157	236,594	2,425,751	68,391.00	35.47
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		831,590	0	831,590	11,508.00	72.26
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		308,700	0	308,700	2,058.00	150.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		33,605,316	0	33,605,316		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		600,419	0	600,419		
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		102,502	0	102,502		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		184,518	0	184,518		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:29 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,283,023	0	1,283,023	28,368.00	45.23	26.00
27.00	Administrative & General	5.00	23,940,868	-236,594	23,704,274	479,233.00	49.46	27.00
28.00	Administrative & General under contract (see inst.)		580,888	0	580,888	4,382.00	132.56	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	5,222,555	0	5,222,555	143,283.00	36.45	30.00
31.00	Laundry & Linen Service	8.00	119,315	0	119,315	5,665.00	21.06	31.00
32.00	Housekeeping	9.00	2,072,631	0	2,072,631	115,939.00	17.88	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,593,894	-1,022,961	570,933	30,561.00	18.68	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,022,961	1,022,961	54,758.00	18.68	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,263,435	0	3,263,435	58,210.00	56.06	38.00
39.00	Central Services and Supply	14.00	542,282	0	542,282	23,685.00	22.90	39.00
40.00	Pharmacy	15.00	3,175,477	0	3,175,477	67,150.00	47.29	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	187,497	0	187,497	3,856.00	48.62	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 9:29 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	138,775,440	0	138,775,440	3,278,258.00	42.33	1.00
2.00	Excluded area salaries (see instructions)	2,189,157	236,594	2,425,751	68,391.00	35.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	136,586,283	-236,594	136,349,689	3,209,867.00	42.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,140,290	0	1,140,290	13,566.00	84.05	4.00
5.00	Subtotal wage-related costs (see inst.)	33,605,316	0	33,605,316	0.00	24.65	5.00
6.00	Total (sum of lines 3 thru 5)	171,331,889	-236,594	171,095,295	3,223,433.00	53.08	6.00
7.00	Total overhead cost (see instructions)	41,981,865	-236,594	41,745,271	1,015,090.00	41.12	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2021 9:29 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,584,041	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		306,002	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)		15,315,269	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		357,415	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		175,354	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)		1,594,756	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,136,614	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		10,598,990	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		6,856	19.00
20.00	State or Federal Unemployment Taxes		-6,465	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		423,923	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		34,492,755	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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	831,590	34,492,755	1.00
2.00	Hospital	831,590	33,605,316	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	600,419	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	287,020	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/30/2021 9:29 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.177943 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	25,984,558		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?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	12,589,045		5.00
6.00	Medicaid charges	295,798,384		6.00
7.00	Medicaid cost (line 1 times line 6)	52,635,252		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	14,061,649		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	14,061,649		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)	12,962,966	1,498,361	14,461,327 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,306,669	1,498,361	3,805,030 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)	2,306,669	1,498,361	3,805,030 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)	48,665,965		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,048,289		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,612,752		27.01
28.00	Non-Medicare bad debt expense (see instructions)	47,053,213		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	8,937,253		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	12,742,283		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	26,803,932		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:29 am

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		8,562,519	8,562,519	4,161,327	12,723,846	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,017,152	1,017,152	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,283,023	-10,126,786	-8,843,763	46,108,341	37,264,578	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,873,646	53,643,952	57,517,598	-1,116,730	56,400,868	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	20,067,222	57,825,353	77,892,575	-9,397,744	68,494,831	5.06
7.00	00700	OPERATION OF PLANT	5,222,555	11,757,093	16,979,648	-1,504,096	15,475,552	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119,315	1,308,968	1,428,283	-34,363	1,393,920	8.00
9.00	00900	HOUSEKEEPING	2,072,631	2,631,239	4,703,870	-596,918	4,106,952	9.00
10.00	01000	DIETARY	1,593,894	2,066,897	3,660,791	-2,514,122	1,146,669	10.00
11.00	01100	CAFETERIA	0	0	0	2,054,882	2,054,882	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,263,435	1,488,281	4,751,716	-939,583	3,812,133	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	542,282	959,394	1,501,676	-165,843	1,335,833	14.00
15.00	01500	PHARMACY	3,175,477	18,767,574	21,943,051	-17,786,896	4,156,155	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,790,558	2,790,558	0	2,790,558	16.00
17.00	01700	SOCIAL SERVICE	187,497	127,263	314,760	-53,999	260,761	17.00
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	745,472	214,856	960,328	-214,696	745,632	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	938,778	385,590	1,324,368	-270,368	1,054,000	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,430,037	10,674,980	36,105,017	-7,738,295	28,366,722	30.00
31.00	03100	INTENSIVE CARE UNIT	3,584,066	2,537,486	6,121,552	-1,171,960	4,949,592	31.00
31.01	03101	NICU	3,181,894	1,900,540	5,082,434	-987,154	4,095,280	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,784,411	759,879	2,544,290	-520,501	2,023,789	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,537,194	23,022,834	27,560,028	-17,420,584	10,139,444	50.00
50.01	05001	SAME DAY SURGERY	1,809,936	785,264	2,595,200	-583,055	2,012,145	50.01
50.02	05002	G. I. LAB	4,026,467	3,385,935	7,412,402	-1,610,690	5,801,712	50.02
51.00	05100	RECOVERY ROOM	860,289	294,540	1,154,829	-266,379	888,450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,826	3,342,815	8,830,641	-2,078,268	6,752,373	52.00
53.00	05300	ANESTHESIOLOGY	180,389	897,789	1,078,178	-248,633	829,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,358,994	3,310,039	7,669,033	-1,846,508	5,822,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,319,785	2,480,014	7,799,799	-1,220,836	6,578,963	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	483,491	256,145	739,636	-205,786	533,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,283,545	7,921,678	11,205,223	-945,961	10,259,262	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,614,213	2,173,577	5,787,790	-1,138,575	4,649,215	65.00
69.00	06900	ELECTROCARDIOLOGY	5,760,966	2,288,377	8,049,343	-1,096,560	6,952,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,805,566	13,805,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,698,580	11,698,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,813,600	18,813,600	73.00
74.00	07400	RENAL DIALYSIS	0	1,184,174	1,184,174	0	1,184,174	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	920,179	2,129,191	3,049,370	-291,451	2,757,919	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	4,223,390	1,797,117	6,020,507	-1,367,745	4,652,762	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	2,080,330	6,908,146	8,988,476	-5,841,631	3,146,845	75.05
75.06	07506	YORKVILLE	3,590,211	2,585,313	6,175,524	-1,081,063	5,094,461	75.06
75.07	07507	MCAI	2,308,971	2,340,940	4,649,911	-1,134,053	3,515,858	75.07
76.00	03020	DIABETIC CENTER	217,346	123,911	341,257	-62,596	278,661	76.00
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	1,999,691	1,595,358	3,595,049	-588,465	3,006,584	90.00
90.01	09001	WOUND CARE CENTER	0	1,178,502	1,178,502	-182,214	996,288	90.01
90.02	04950	ENDOCRINOLOGY	884,176	501,887	1,386,063	-237,148	1,148,915	90.02
91.00	09100	EMERGENCY	6,166,981	4,046,783	10,213,764	-2,058,936	8,154,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:29 am

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	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
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		5,178,479	5,178,479	-5,178,479	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	139,180,005	248,004,444	387,184,449	5,960,564	393,145,013	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,292	308,010	416,302	-31,188	385,114	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	234,075	234,075	0	234,075	192.00
194.00	07954	PHYSICIAN SERVICES	99,634	1,836,223	1,935,857	-28,695	1,907,162	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	196,820	7,092,893	7,289,713	-5,900,681	1,389,032	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	139,584,751	257,475,645	397,060,396	0	397,060,396	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,161,327	8,562,519	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,017,152	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	37,264,578	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-50,667,692	5,733,176	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-22,207,444	46,287,387	5.06
7.00	00700	OPERATION OF PLANT	-168,377	15,307,175	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,393,920	8.00
9.00	00900	HOUSEKEEPING	0	4,106,952	9.00
10.00	01000	DIETARY	0	1,146,669	10.00
11.00	01100	CAFETERIA	-15,036	2,039,846	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-366	3,811,767	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,335,833	14.00
15.00	01500	PHARMACY	-1,167,224	2,988,931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,787	2,788,771	16.00
17.00	01700	SOCIAL SERVICE	0	260,761	17.00
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	0	745,632	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-703,401	350,599	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-815,956	27,550,766	30.00
31.00	03100	INTENSIVE CARE UNIT	-893,403	4,056,189	31.00
31.01	03101	NICU	-520,459	3,574,821	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-124,062	1,899,727	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-319,020	9,820,424	50.00
50.01	05001	SAME DAY SURGERY	0	2,012,145	50.01
50.02	05002	G. I. LAB	-20,283	5,781,429	50.02
51.00	05100	RECOVERY ROOM	0	888,450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-785,490	5,966,883	52.00
53.00	05300	ANESTHESIOLOGY	-424,695	404,850	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-104,312	5,718,213	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-324,993	6,253,970	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	533,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-70,575	10,188,687	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-4,147	4,645,068	65.00
69.00	06900	ELECTROCARDIOLOGY	0	6,952,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,805,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,698,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,813,600	73.00
74.00	07400	RENAL DIALYSIS	0	1,184,174	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-1,315,190	1,442,729	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	-78,141	4,574,621	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	-3,286	3,143,559	75.05
75.06	07506	YORKVILLE	-200,298	4,894,163	75.06
75.07	07507	MCAI	-4,953	3,510,905	75.07
76.00	03020	DIABETIC CENTER	0	278,661	76.00
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	-463,272	2,543,312	90.00
90.01	09001	WOUND CARE CENTER	-18,000	978,288	90.01
90.02	04950	ENDOCRINOLOGY	-19,239	1,129,676	90.02
91.00	09100	EMERGENCY	-818,991	7,335,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-87,438,571	305,706,442	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	385,114	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	234,075	192.00
194.00	07954	PHYSICIAN SERVICES	0	1,907,162	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,389,032	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-87,438,571	309,621,825	200.00

RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 9:29 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,161,327		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,017,152		2.00
	0		0	5,178,479		
	B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,805,566		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	0		0	13,805,566		
	C - WORKMENS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,136,614		1.00
	0		0	2,136,614		
	D - CAFETERIA					
1.00	CAFETERIA	11.00	1,022,961	1,031,921		1.00
	0		1,022,961	1,031,921		
	E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43,999,238		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:29 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
0		0	43,999,238		
G - ADVERTISING					
1.00	OTHER NONREIMBURSABLE COST	194.04	236,594	999,247	1.00
	CTRS				
0			236,594	999,247	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	11,698,580	1.00
	PATIENTS				
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
0			0	11,698,580	
J - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,813,600	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
0			0	18,813,600	
500.00	Grand Total: Increases		1,259,555	97,663,245	500.00

RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 9:29 am

		Decreases					11/01/2022 5:15 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	5,178,479	11		1.00	
2.00		0.00	0	0	11		2.00	
	0		0	5,178,479				
B - MEDICAL SUPPLIES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,269	0		1.00	
2.00	NURSING ADMINISTRATION	13.00	0	146	0		2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,443	0		3.00	
4.00	PHARMACY	15.00	0	35,269	0		4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	339,308	0		5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	128,921	0		6.00	
7.00	NICU	31.01	0	69,511	0		7.00	
8.00	SUBPROVIDER - IRF	41.00	0	6,203	0		8.00	
9.00	OPERATING ROOM	50.00	0	6,444,993	0		9.00	
10.00	SAME DAY SURGERY	50.01	0	43,789	0		10.00	
11.00	G. I. LAB	50.02	0	770,256	0		11.00	
12.00	RECOVERY ROOM	51.00	0	14,085	0		12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	355,453	0		13.00	
14.00	ANESTHESIOLOGY	53.00	0	130,509	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	588,993	0		15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	77,540	0		16.00	
17.00	MRI	58.00	0	65,635	0		17.00	
18.00	RESPIRATORY THERAPY	65.00	0	314,316	0		18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	64,797	0		19.00	
20.00	CARDIAC REHAB	75.01	0	1,111	0		20.00	
21.00	REHAB SERVICES	75.03	0	5,795	0		21.00	
22.00	VASCULAR SERVICES	75.05	0	3,507,090	0		22.00	
23.00	YORKVILLE	75.06	0	40,570	0		23.00	
24.00	MCAI	75.07	0	443,685	0		24.00	
25.00	CLINIC	90.00	0	72,633	0		25.00	
26.00	WOUND CARE CENTER	90.01	0	35,509	0		26.00	
27.00	ENDOCRINOLOGY	90.02	0	379	0		27.00	
28.00	EMERGENCY	91.00	0	236,209	0		28.00	
29.00	DIETARY	10.00	0	149	0		29.00	
	0		0	13,805,566				
C - WORKMENS COMP INSURANCE								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,136,614	0		1.00	
	0		0	2,136,614				
D - CAFETERIA								
1.00	DIETARY	10.00	1,022,961	1,031,921	0		1.00	
	0		1,022,961	1,031,921				
E - EMPLOYEE BENEFITS								
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,115,610	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,492,062	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	1,504,096	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	34,363	0		4.00	
5.00	HOUSEKEEPING	9.00	0	596,918	0		5.00	
6.00	DIETARY	10.00	0	459,091	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	939,260	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	156,177	0		8.00	
9.00	PHARMACY	15.00	0	914,537	0		9.00	
10.00	SOCIAL SERVICE	17.00	0	53,999	0		10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	214,696	0		11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	270,368	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	7,322,384	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,031,869	0		14.00	
15.00	NICU	31.01	0	916,350	0		15.00	
16.00	SUBPROVIDER - IRF	41.00	0	513,646	0		16.00	
17.00	OPERATING ROOM	50.00	0	1,306,715	0		17.00	
18.00	SAME DAY SURGERY	50.01	0	521,262	0		18.00	
19.00	G. I. LAB	50.02	0	817,574	0		19.00	
20.00	RECOVERY ROOM	51.00	0	247,763	0		20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,580,434	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	51,952	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,255,470	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,135,972	0		24.00	
25.00	MRI	58.00	0	139,245	0		25.00	
26.00	LABORATORY	60.00	0	945,661	0		26.00	

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:29 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	RESPIRATORY THERAPY	65.00	0	820,643	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	1,031,392	0		28.00
29.00	CARDIAC REHAB	75.01	0	290,051	0		29.00
30.00	REHAB SERVICES	75.03	0	1,361,871	0		30.00
31.00	VASCULAR SERVICES	75.05	0	599,136	0		31.00
32.00	YORKVILLE	75.06	0	1,033,982	0		32.00
33.00	MCAI	75.07	0	680,409	0		33.00
34.00	DIABETIC CENTER	76.00	0	62,596	0		34.00
35.00	CLINIC	90.00	0	498,185	0		35.00
36.00	ENDOCRINOLOGY	90.02	0	111,507	0		36.00
37.00	EMERGENCY	91.00	0	1,775,587	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	31,188	0		38.00
39.00	PHYSICIAN SERVICES	194.00	0	28,695	0		39.00
40.00	OTHER NONREIMBURSABLE COST	194.04	0	7,136,522	0		40.00
	CTRS						
	0		0	43,999,238			
G - ADVERTISING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	236,594	999,247	0		1.00
	0		236,594	999,247			
I - IMPLANTABLE DEVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	83,531	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	25	0		2.00
3.00	OPERATING ROOM	50.00	0	9,611,869	0		3.00
4.00	G. I. LAB	50.02	0	14,598	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	120,237	0		5.00
6.00	VASCULAR SERVICES	75.05	0	1,730,577	0		6.00
7.00	YORKVILLE	75.06	0	252	0		7.00
8.00	WOUND CARE CENTER	90.01	0	136,554	0		8.00
9.00	EMERGENCY	91.00	0	937	0		9.00
	0		0	11,698,580			
J - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,511	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,120	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,446,427	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	177	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	223	0		5.00
6.00	PHARMACY	15.00	0	16,837,090	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	76,578	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	11,170	0		8.00
9.00	NICU	31.01	0	1,293	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	652	0		10.00
11.00	OPERATING ROOM	50.00	0	57,007	0		11.00
12.00	SAME DAY SURGERY	50.01	0	18,004	0		12.00
13.00	G. I. LAB	50.02	0	8,262	0		13.00
14.00	RECOVERY ROOM	51.00	0	4,531	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,144	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	66,172	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,045	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,324	0		18.00
19.00	MRI	58.00	0	906	0		19.00
20.00	LABORATORY	60.00	0	300	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	3,616	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	371	0		22.00
23.00	CARDIAC REHAB	75.01	0	289	0		23.00
24.00	REHAB SERVICES	75.03	0	79	0		24.00
25.00	VASCULAR SERVICES	75.05	0	4,828	0		25.00
26.00	YORKVILLE	75.06	0	6,259	0		26.00
27.00	MCAI	75.07	0	9,959	0		27.00
28.00	CLINIC	90.00	0	17,647	0		28.00
29.00	WOUND CARE CENTER	90.01	0	10,151	0		29.00
30.00	ENDOCRINOLOGY	90.02	0	125,262	0		30.00
31.00	EMERGENCY	91.00	0	46,203	0		31.00
	0		0	18,813,600			
500.00	Grand Total: Decreases		1,259,555	97,663,245			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 9:29 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,441,298	0	0	0	0	1.00	
2.00	Land Improvements	17,250,377	0	0	0	1,149,877	2.00	
3.00	Buildings and Fixtures	139,257,724	0	0	0	2,104,913	3.00	
4.00	Building Improvements	3,743,627	0	0	0	0	4.00	
5.00	Fixed Equipment	124,156,322	0	0	0	555,289	5.00	
6.00	Movable Equipment	191,266,816	6,352,988	0	6,352,988	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	478,116,164	6,352,988	0	6,352,988	3,810,079	8.00	
9.00	Reconciling Items	21,761,162	0	0	0	18,969,848	9.00	
10.00	Total (line 8 minus line 9)	456,355,002	6,352,988	0	6,352,988	-15,159,769	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,441,298	0				1.00	
2.00	Land Improvements	16,100,500	0				2.00	
3.00	Buildings and Fixtures	137,152,811	0				3.00	
4.00	Building Improvements	3,743,627	0				4.00	
5.00	Fixed Equipment	123,601,033	0				5.00	
6.00	Movable Equipment	197,619,804	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	480,659,073	0				8.00	
9.00	Reconciling Items	2,791,314	0				9.00	
10.00	Total (line 8 minus line 9)	477,867,759	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,562,519	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,562,519	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	8,562,519				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,562,519				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	283,039,269	0	283,039,269	0.588857	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	197,619,804	0	197,619,804	0.411143	0	2.00
3.00	Total (sum of lines 1-2)	480,659,073	0	480,659,073	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	8,562,519	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
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	8,562,519	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,562,519	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
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	8,562,519	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,161,327	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - POB NEW CRC (chapter 2)		0	POB NEW CRC	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,017,152	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-268,510	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-44,395	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,997,422			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-8,754	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,787	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-6,282	CAFETERIA	11.00	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	*** Cost Center Deleted ***	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - POB NEW CRC		0	POB NEW CRC	1.01	0	26.01
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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	IDPA PROVIDER TAX	A	-21,603,345	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	340B REVENUE	B	-1,088,605	PHARMACY	15.00	0	33.01
33.02	BAD DEBTS	A	-50,287,334	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	MISC REV	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	MISC REV	B	-380,358	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.04
33.05	MISC REV	B	-77,028	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06	MISC REV	B	-123,982	OPERATION OF PLANT	7.00	0	33.06
33.07	MISC REV	B	-366	NURSING ADMINISTRATION	13.00	0	33.07
33.08	MISC REV	B	-78,619	PHARMACY	15.00	0	33.08
33.09	MISC REV	B	0	SOCIAL SERVICE	17.00	0	33.09
33.10	MISC REV	B	-20,123	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.10
33.11	MISC REV	B	-557,469	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	MISC REV	B	0	INTENSIVE CARE UNIT	31.00	0	33.12
33.13	MISC REV	B	-1,000	SUBPROVIDER - IRF	41.00	0	33.13
33.14	MISC REV	B	0	OPERATING ROOM	50.00	0	33.14
33.15	MISC REV	B	-20,283	G. I. LAB	50.02	0	33.15
33.16	MISC REV	B	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33.16
33.17	MISC REV	B	-9,062	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.18	MISC REV	B	-324,993	RADIOLOGY-THERAPEUTIC	55.00	0	33.18
33.19	MISC REV	B	-575	LABORATORY	60.00	0	33.19
33.20	MISC REV	B	0	RESPIRATORY THERAPY	65.00	0	33.20
33.21	MISC REV	B	-142,926	CARDIAC REHAB	75.01	0	33.21
33.22	MISC REV	B	-78,141	REHAB SERVICES	75.03	0	33.22
33.23	MISC REV	B	-3,286	VASCULAR SERVICES	75.05	0	33.23
33.24	MISC REV	B	0	YORKVILLE	75.06	0	33.24
33.25	MISC REV	B	0	DIABETIC CENTER	76.00	0	33.25
33.26	MISC REV	B	-15,404	CLINIC	90.00	0	33.26
33.27	MISC REV	B	0	EMERGENCY	91.00	0	33.27
33.28	AHA/IHA LOBBYING FEES	A	-45,040	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.28
33.29	PATIENT TV & RADIO	A	-4,198	YORKVILLE	75.06	0	33.29
33.30	PATIENT TV & RADIO	A	-4,059	MCAI	75.07	0	33.30
33.31	BAD DEBTS	A	-22,468	CLINIC	90.00	0	33.31
33.32	NONALLOWABLE DUES	B	-25,039	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.32
33.33	MISC REV	B	0	NICU	31.01	0	33.33
33.34	MISC REV	B	0	SAME DAY SURGERY	50.01	0	33.34
33.35	LATE CHARGES	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.35
33.36	BAD DEBTS	A	-19,239	ENDOCRINOLOGY	90.02	0	33.36
33.37	340B REVENUE	B	0	PHARMACY	15.00	0	33.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-87,438,571				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	188,482	188,482	0	179,000	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	695,842	673,942	21,900	179,000	146	2.00
3.00	30.00	ADULTS & PEDIATRICS	274,150	246,850	27,300	179,000	182	3.00
4.00	31.00	INTENSIVE CARE UNIT	893,403	893,403	0	179,000	0	4.00
5.00	31.01	NICU	549,374	498,974	50,400	179,000	336	5.00
6.00	41.00	SUBPROVIDER - IRF	123,062	123,062	0	179,000	0	6.00
7.00	50.00	OPERATING ROOM	406,800	295,650	111,150	246,400	741	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	785,490	785,490	0	179,000	0	8.00
9.00	53.00	ANESTHESIOLOGY	444,837	418,587	26,250	239,400	175	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	95,250	95,250	0	271,900	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	271,900	0	11.00
12.00	60.00	LABORATORY	70,000	70,000	0	271,900	0	12.00
13.00	65.00	RESPIRATORY THERAPY	6,729	2,229	4,500	179,000	30	13.00
14.00	75.01	CARDIAC REHAB	1,196,790	1,154,040	42,750	179,000	285	14.00
15.00	75.02	HEART SURGERY	0	0	0	179,000	0	15.00
16.00	75.06	YORKVILLE	196,100	196,100	0	179,000	0	16.00
17.00	75.07	MCAI	894	894	0	179,000	0	17.00
18.00	90.00	CLINIC	425,400	425,400	0	179,000	0	18.00
19.00	90.01	WOUND CARE CENTER	18,000	18,000	0	179,000	0	19.00
20.00	91.00	EMERGENCY	833,018	808,568	24,450	179,000	163	20.00
200.00			7,203,621	6,894,921	308,700		2,058	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	12,564	628	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	15,663	783	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.01	NICU	28,915	1,446	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	87,780	4,389	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	20,142	1,007	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	2,582	129	0	0	0	13.00
14.00	75.01	CARDIAC REHAB	24,526	1,226	0	0	0	14.00
15.00	75.02	HEART SURGERY	0	0	0	0	0	15.00
16.00	75.06	YORKVILLE	0	0	0	0	0	16.00
17.00	75.07	MCAI	0	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
19.00	90.01	WOUND CARE CENTER	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	14,027	701	0	0	0	20.00
200.00			206,199	10,309	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	188,482		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,564	9,336	683,278		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	15,663	11,637	258,487		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	893,403		4.00
5.00	31.01	NICU	0	28,915	21,485	520,459		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	123,062		6.00
7.00	50.00	OPERATING ROOM	0	87,780	23,370	319,020		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	785,490		8.00
9.00	53.00	ANESTHESIOLOGY	0	20,142	6,108	424,695		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	95,250		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		11.00
12.00	60.00	LABORATORY	0	0	0	70,000		12.00
13.00	65.00	RESPIRATORY THERAPY	0	2,582	1,918	4,147		13.00
14.00	75.01	CARDIAC REHAB	0	24,526	18,224	1,172,264		14.00
15.00	75.02	HEART SURGERY	0	0	0	0		15.00
16.00	75.06	YORKVILLE	0	0	0	196,100		16.00
17.00	75.07	MCAI	0	0	0	894		17.00
18.00	90.00	CLINIC	0	0	0	425,400		18.00
19.00	90.01	WOUND CARE CENTER	0	0	0	18,000		19.00
20.00	91.00	EMERGENCY	0	14,027	10,423	818,991		20.00
200.00			0	206,199	102,501	6,997,422		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,562,519	8,562,519			1.00
1.01	00101	POB NEW CRC	0	0	0		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,264,578	0	0	37,264,578	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,733,176	0	0	1,043,731	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	46,287,387	1,480,233	0	5,343,244	5.06
7.00	00700	OPERATION OF PLANT	15,307,175	1,220,353	0	1,407,186	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,393,920	0	0	32,149	8.00
9.00	00900	HOUSEKEEPING	4,106,952	25,585	0	558,458	9.00
10.00	01000	DIETARY	1,146,669	5,876	0	153,834	10.00
11.00	01100	CAFETERIA	2,039,846	134,225	0	275,631	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,811,767	0	0	879,313	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,335,833	120,011	0	146,115	14.00
15.00	01500	PHARMACY	2,988,931	36,617	0	855,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,788,771	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	260,761	29,467	0	50,520	17.00
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	745,632	0	0	200,863	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	350,599	0	0	252,948	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,550,766	1,549,776	0	6,851,976	30.00
31.00	03100	INTENSIVE CARE UNIT	4,056,189	396,587	0	965,705	31.00
31.01	03101	NICU	3,574,821	519,399	0	857,342	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,899,727	83,798	0	480,799	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,820,424	459,977	0	1,222,520	50.00
50.01	05001	SAME DAY SURGERY	2,012,145	229,988	0	487,676	50.01
50.02	05002	G. I. LAB	5,781,429	14,426	0	1,084,907	50.02
51.00	05100	RECOVERY ROOM	888,450	41,644	0	231,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,966,883	154,952	0	1,478,662	52.00
53.00	05300	ANESTHESIOLOGY	404,850	11,010	0	48,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,718,213	424,336	0	1,174,505	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,253,970	760,886	0	1,433,384	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	533,850	77,285	0	130,274	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	10,188,687	141,926	0	884,731	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,645,068	28,385	0	973,828	65.00
69.00	06900	ELECTROCARDIOLOGY	6,952,783	81,040	0	1,552,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,805,566	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,698,580	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,813,600	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,184,174	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,442,729	52,464	0	247,937	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	4,574,621	53,631	0	1,137,967	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	3,143,559	0	0	560,532	75.05
75.06	07506	YORKVILLE	4,894,163	0	0	967,361	75.06
75.07	07507	MCAI	3,510,905	0	0	622,138	75.07
76.00	03020	DIABETIC CENTER	278,661	0	0	58,563	76.00
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	2,543,312	0	0	538,805	90.00
90.01	09001	WOUND CARE CENTER	978,288	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	1,129,676	0	0	238,236	90.02
91.00	09100	EMERGENCY	7,335,837	369,814	0	1,661,656	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	305,706,442	8,503,691	0	0	37,091,772	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	385,114	58,828	0	0	29,179	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	234,075	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	1,907,162	0	0	0	26,846	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	1,389,032	0	0	0	116,781	194.04
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)	309,621,825	8,562,519	0	0	37,264,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,776,907					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	53,110,864	53,110,864			5.06
7.00	00700	OPERATION OF PLANT	0	17,934,714	3,713,400	21,648,114		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,426,069	295,269	0	1,721,338	8.00
9.00	00900	HOUSEKEEPING	0	4,690,995	971,275	94,485	0	9.00
10.00	01000	DIETARY	0	1,306,379	270,487	21,702	0	10.00
11.00	01100	CAFETERIA	0	2,449,702	507,213	495,694	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,691,080	971,293	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,601,959	331,687	443,202	0	14.00
15.00	01500	PHARMACY	0	3,881,161	803,598	135,225	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,788,771	577,418	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	340,748	70,552	108,822	0	17.00
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	946,495	195,973	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	603,547	124,965	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	485,988	36,438,506	7,544,644	5,723,314	780,139	30.00
31.00	03100	INTENSIVE CARE UNIT	64,002	5,482,483	1,135,154	1,464,596	90,968	31.00
31.01	03101	NICU	58,005	5,009,567	1,037,236	1,918,140	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	45,887	2,510,211	519,742	309,466	21,297	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	684,925	12,187,846	2,523,506	1,698,693	110,004	50.00
50.01	05001	SAME DAY SURGERY	73,237	2,803,046	580,373	849,347	79,764	50.01
50.02	05002	G. I. LAB	99,579	6,980,341	1,445,287	53,275	119,558	50.02
51.00	05100	RECOVERY ROOM	87,076	1,248,970	258,600	153,793	130,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	128,804	7,729,301	1,600,360	572,238	0	52.00
53.00	05300	ANESTHESIOLOGY	131,195	595,660	123,332	40,661	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	853,519	8,170,573	1,691,725	1,567,072	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	132,827	8,581,067	1,776,719	2,809,950	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	97,802	839,211	173,759	285,414	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	664,546	11,879,890	2,459,743	524,133	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	149,851	5,797,132	1,200,302	104,827	0	65.00
69.00	06900	ELECTROCARDIOLOGY	233,539	8,819,620	1,826,111	299,281	623	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,309	13,982,875	2,895,168	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	162,853	11,861,433	2,455,922	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,003,940	19,817,540	4,103,241	0	0	73.00
74.00	07400	RENAL DIALYSIS	28,751	1,212,925	251,137	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	11,116	1,754,246	363,218	193,749	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	200,410	5,966,629	1,235,397	198,058	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	198,518	3,902,609	808,039	0	0	75.05
75.06	07506	YORKVILLE	239,622	6,101,146	1,263,248	0	0	75.06
75.07	07507	MCAI	124,064	4,257,107	881,438	0	0	75.07
76.00	03020	DIABETIC CENTER	1,411	338,635	70,115	0	0	76.00
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	69,066	3,151,183	652,456	0	0	90.00
90.01	09001	WOUND CARE CENTER	30,674	1,008,962	208,907	0	0	90.01
90.02	04950	ENDOCRINOLOGY	7,851	1,375,763	284,853	0	0	90.02
91.00	09100	EMERGENCY	530,540	9,897,847	2,049,359	1,365,724	388,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,776,907	305,474,808	52,252,221	21,430,861	1,721,338
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	473,121	97,960	217,253	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	234,075	48,465	0	0
194.00	07954	PHYSICIAN SERVICES	0	1,934,008	400,438	0	0
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,505,813	311,780	0	0
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	6,776,907	309,621,825	53,110,864	21,648,114	1,721,338

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	5,756,755				9.00
10.00	01000	DIETARY	5,796	1,604,364			10.00
11.00	01100	CAFETERIA	132,395	0	3,585,004		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	91,493	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	118,375	0	37,231	0	14.00
15.00	01500	PHARMACY	36,117	0	105,516	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	29,065	0	6,047	0	17.00
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	44,880	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	18,469	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,528,640	1,278,603	1,106,748	0	30.00
31.00	03100	INTENSIVE CARE UNIT	391,179	110,942	134,118	0	31.00
31.01	03101	NICU	512,316	0	120,160	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	82,655	142,330	75,770	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	453,704	0	178,181	0	50.00
50.01	05001	SAME DAY SURGERY	226,852	0	71,325	0	50.01
50.02	05002	G. I. LAB	14,229	0	88,224	0	50.02
51.00	05100	RECOVERY ROOM	41,076	0	26,869	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	152,839	72,489	207,698	0	52.00
53.00	05300	ANESTHESIOLOGY	10,860	0	12,617	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	418,549	0	172,821	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	750,509	0	105,091	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	76,231	0	14,154	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	139,991	0	152,162	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	27,998	0	105,222	0	65.00
69.00	06900	ELECTROCARDIOLOGY	79,935	0	103,784	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	0	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
75.01	07501	CARDIAC REHAB	51,748	0	28,340	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	52,899	0	138,269	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	65,801	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	6,505	0	76.00
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	83,125	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	11,571	0	90.02
91.00	09100	EMERGENCY	364,771	0	252,644	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,698,729	1,604,364	3,564,835	0	5,753,866	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,026	0	5,361	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	3,269	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	11,539	0	0	194.04
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)	5,756,755	1,604,364	3,585,004	0	5,753,866	202.00

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,532,454					14.00
15.00	01500	PHARMACY	7,541	4,969,158				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,366,189			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	555,234		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,960	0	241,410	555,234	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,583	0	31,792	0	0	31.00
31.01	03101	NICU	10,170	0	28,814	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,271	0	22,794	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,083,167	0	340,230	0	0	50.00
50.01	05001	SAME DAY SURGERY	9,212	0	36,380	0	0	50.01
50.02	05002	G. I. LAB	163,826	0	49,465	0	0	50.02
51.00	05100	RECOVERY ROOM	520	0	43,254	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,219	0	63,982	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,755	0	65,170	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,909	0	423,977	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,560	0	65,980	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	14,033	0	48,582	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	330,107	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,447	0	74,437	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	13,854	0	116,008	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	97	0	88,077	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	80,896	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,969,158	498,522	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	14,282	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	196	0	5,522	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,239	0	99,552	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	745,827	0	98,612	0	0	75.05
75.06	07506	YORKVILLE	8,063	0	119,030	0	0	75.06
75.07	07507	MCAI	94,860	0	61,627	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	701	0	0	76.00
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	15,522	0	34,308	0	0	90.00
90.01	09001	WOUND CARE CENTER	7,587	0	15,237	0	0	90.01
90.02	04950	ENDOCRINOLOGY	81	0	3,900	0	0	90.02
91.00	09100	EMERGENCY	25,920	0	263,541	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

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			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,532,419	4,969,158	3,366,189	555,234	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	35	0	0	0	0	194.04
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)	2,532,454	4,969,158	3,366,189	555,234	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		1,187,348			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			746,981		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	858,933	540,369	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,263	15,893	0	31.00
31.01	03101	NICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	75,788	47,680	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	25,263	15,893	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	56,841	35,760	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,947	11,920	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	18,947	11,920	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	56,841	35,760	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
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	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	50,525	31,786	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				20.00	21.00			
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,187,348	746,981	0	304,320,682	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	851,721	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	282,540	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	2,337,715	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	1,829,167	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,187,348	746,981	0	309,621,825	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	POB NEW CRC			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
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	PARAMEDICAL EDUCATION PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,399,302	57,767,376	30.00
31.00	03100	INTENSIVE CARE UNIT	-41,156	9,257,228	31.00
31.01	03101	NICU	0	8,943,084	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-123,468	3,831,550	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-41,156	18,860,885	50.00
50.01	05001	SAME DAY SURGERY	0	4,818,751	50.01
50.02	05002	G. I. LAB	0	9,069,798	50.02
51.00	05100	RECOVERY ROOM	0	1,979,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-92,601	11,021,779	52.00
53.00	05300	ANESTHESIOLOGY	0	873,055	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-30,867	12,571,075	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,228,633	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	1,451,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	15,486,026	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,337,345	65.00
69.00	06900	ELECTROCARDIOLOGY	0	11,350,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,966,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,398,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,388,461	73.00
74.00	07400	RENAL DIALYSIS	-30,867	1,478,344	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-92,601	2,443,557	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	7,692,262	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	5,759,875	75.05
75.06	07506	YORKVILLE	0	7,563,483	75.06
75.07	07507	MCAI	0	5,302,865	75.07
76.00	03020	DIABETIC CENTER	0	415,956	76.00
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	4,050,072	90.00
90.01	09001	WOUND CARE CENTER	0	1,240,693	90.01
90.02	04950	ENDOCRINOLOGY	0	1,684,502	90.02
91.00	09100	EMERGENCY	-82,311	15,154,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
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			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-1,934,329	302,386,353	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	851,721	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	282,540	192.00
194.00	07954 PHYSICIAN SERVICES	0	2,337,715	194.00
194.01	07950 ADVERTISING	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952 HHA HME	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	1,829,167	194.04
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	-1,934,329	307,687,496	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	POB NEW CRC	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,480,233	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	1,220,353	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	25,585	0	0	9.00
10.00	01000	DIETARY	0	5,876	0	0	10.00
11.00	01100	CAFETERIA	0	134,225	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	120,011	0	0	14.00
15.00	01500	PHARMACY	0	36,617	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	29,467	0	0	17.00
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	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,549,776	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	396,587	0	0	31.00
31.01	03101	NICU	0	519,399	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	83,798	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	459,977	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	229,988	0	0	50.01
50.02	05002	G. I. LAB	0	14,426	0	0	50.02
51.00	05100	RECOVERY ROOM	0	41,644	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	154,952	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,010	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	424,336	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	760,886	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	77,285	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	141,926	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	28,385	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	81,040	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	0	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
75.01	07501	CARDIAC REHAB	0	52,464	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	53,631	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
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	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	369,814	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	POB NEW CRC	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,503,691	0	0	8,503,691
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,828	0	0	58,828
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,562,519	0	0	8,562,519

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.05	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,480,233			5.06
7.00	00700	OPERATION OF PLANT	0	0	103,501	1,323,854		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8,230		8,230	8.00
9.00	00900	HOUSEKEEPING	0	0	27,072	5,778	0	9.00
10.00	01000	DIETARY	0	0	7,539	1,327	0	10.00
11.00	01100	CAFETERIA	0	0	14,137	30,313	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	27,072	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,245	27,103	0	14.00
15.00	01500	PHARMACY	0	0	22,398	8,269	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,094	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,966	6,655	0	17.00
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	5,462	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,483	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	210,198	350,000	3,730	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31,639	89,565	435	31.00
31.01	03101	NICU	0	0	28,910	117,301	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	14,486	18,925	102	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	70,336	103,881	526	50.00
50.01	05001	SAME DAY SURGERY	0	0	16,176	51,940	381	50.01
50.02	05002	G. I. LAB	0	0	40,284	3,258	572	50.02
51.00	05100	RECOVERY ROOM	0	0	7,208	9,405	624	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	44,606	34,994	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,438	2,487	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	47,152	95,832	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	49,521	171,838	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	4,843	17,454	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	68,559	32,052	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	33,455	6,410	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	50,898	18,302	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	80,695	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	68,452	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	114,367	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	7,000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	10,124	11,848	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	34,433	12,112	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	22,522	0	0	75.05
75.06	07506	YORKVILLE	0	0	35,210	0	0	75.06
75.07	07507	MCAI	0	0	24,568	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	1,954	0	0	76.00
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	18,185	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	5,823	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	7,940	0	0	90.02
91.00	09100	EMERGENCY	0	0	57,120	83,519	1,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,456,301	1,310,568	8,230	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,730	13,286	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,351	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	11,161	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	8,690	0	0	194.04
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)	0	0	1,480,233	1,323,854	8,230	202.00

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Provider CCN: 14-0029

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	58,435					9.00
10.00	01000	DIETARY	59	14,801				10.00
11.00	01100	CAFETERIA	1,344	0	180,019			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,594	0	31,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,202	0	1,870	0	0	14.00
15.00	01500	PHARMACY	367	0	5,298	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	295	0	304	0	0	17.00
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	2,254	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	927	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,517	11,796	55,575	0	13,846	30.00
31.00	03100	INTENSIVE CARE UNIT	3,971	1,023	6,735	0	2,171	31.00
31.01	03101	NICU	5,200	0	6,034	0	1,688	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	839	1,313	3,805	0	804	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,605	0	8,947	0	1,572	50.00
50.01	05001	SAME DAY SURGERY	2,303	0	3,582	0	894	50.01
50.02	05002	G. I. LAB	144	0	4,430	0	856	50.02
51.00	05100	RECOVERY ROOM	417	0	1,349	0	415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,551	669	10,429	0	3,036	52.00
53.00	05300	ANESTHESIOLOGY	110	0	634	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,249	0	8,678	0	2	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,618	0	5,277	0	676	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	774	0	711	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,421	0	7,641	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	284	0	5,284	0	66	65.00
69.00	06900	ELECTROCARDIOLOGY	811	0	5,211	0	500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	525	0	1,423	0	256	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	537	0	6,943	0	1	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	3,304	0	765	75.05
75.06	07506	YORKVILLE	0	0	0	0	396	75.06
75.07	07507	MCAI	0	0	0	0	43	75.07
76.00	03020	DIABETIC CENTER	0	0	327	0	0	76.00
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	4,174	0	625	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	581	0	46	90.02
91.00	09100	EMERGENCY	3,703	0	12,686	0	3,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,846	14,801	179,007	0	31,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	589	0	269	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	164	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	579	0	0	194.04
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)	58,435	14,801	180,019	0	31,666	202.00

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	159,431					14.00
15.00	01500	PHARMACY	475	73,424				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,094			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	38,687		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,397	0	1,097	38,687		30.00
31.00	03100	INTENSIVE CARE UNIT	1,359	0	144	0		31.00
31.01	03101	NICU	640	0	131	0		31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	80	0	104	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,190	0	1,546	0		50.00
50.01	05001	SAME DAY SURGERY	580	0	165	0		50.01
50.02	05002	G. I. LAB	10,314	0	225	0		50.02
51.00	05100	RECOVERY ROOM	33	0	197	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,484	0	291	0		52.00
53.00	05300	ANESTHESIOLOGY	1,558	0	296	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,927	0	1,926	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,043	0	300	0		55.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	883	0	221	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	1,500	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	972	0	338	0		65.00
69.00	06900	ELECTROCARDIOLOGY	872	0	527	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6	0	400	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	368	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73,424	3,064	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	65	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	07501	CARDIAC REHAB	12	0	25	0		75.01
75.02	07502	HEART SURGERY	0	0	0	0		75.02
75.03	07503	REHAB SERVICES	78	0	452	0		75.03
75.04	07504	CV SURGERY	0	0	0	0		75.04
75.05	07505	VASCULAR SERVICES	46,954	0	448	0		75.05
75.06	07506	YORKVILLE	508	0	541	0		75.06
75.07	07507	MCAI	5,972	0	280	0		75.07
76.00	03020	DIABETIC CENTER	0	0	3	0		76.00
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	977	0	156	0		90.00
90.01	09001	WOUND CARE CENTER	478	0	69	0		90.01
90.02	04950	ENDOCRINOLOGY	5	0	18	0		90.02
91.00	09100	EMERGENCY	1,632	0	1,197	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	159,429	73,424	16,094	38,687	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03	07952	HHA HME	0	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	2	0	0	0		194.04
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	159,431	73,424	16,094	38,687		0 202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		7,716			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			4,410		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				2,253,619	30.00
31.00	03100	INTENSIVE CARE UNIT				533,629	31.00
31.01	03101	NICU				679,303	31.01
40.00	04000	SUBPROVIDER - IPF				0	40.00
41.00	04100	SUBPROVIDER - IRF				124,256	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				719,580	50.00
50.01	05001	SAME DAY SURGERY				306,009	50.01
50.02	05002	G. I. LAB				74,509	50.02
51.00	05100	RECOVERY ROOM				61,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				255,012	52.00
53.00	05300	ANESTHESIOLOGY				19,533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				590,102	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				997,159	55.00
57.00	05700	CT SCAN				0	57.00
58.00	05800	MRI				102,171	58.00
59.00	05900	CARDIAC CATHETERIZATION				0	59.00
60.00	06000	LABORATORY				253,099	60.00
60.01	06001	BLOOD LABORATORY				0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	62.30
65.00	06500	RESPIRATORY THERAPY				75,194	65.00
69.00	06900	ELECTROCARDIOLOGY				158,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				81,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				68,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				190,855	73.00
74.00	07400	RENAL DIALYSIS				7,065	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	75.00
75.01	07501	CARDIAC REHAB				76,677	75.01
75.02	07502	HEART SURGERY				0	75.02
75.03	07503	REHAB SERVICES				108,187	75.03
75.04	07504	CV SURGERY				0	75.04
75.05	07505	VASCULAR SERVICES				73,993	75.05
75.06	07506	YORKVILLE				36,655	75.06
75.07	07507	MCAI				30,863	75.07
76.00	03020	DIABETIC CENTER				2,284	76.00
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				24,117	90.00
90.01	09001	WOUND CARE CENTER				6,370	90.01
90.02	04950	ENDOCRINOLOGY				8,590	90.02
91.00	09100	EMERGENCY				534,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
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Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			20.00	21.00	22.00	23.00	24.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
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						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	8,452,744	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					75,702	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					1,351	192.00
194.00	07954	PHYSICIAN SERVICES					11,325	194.00
194.01	07950	ADVERTISING					0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE					0	194.02
194.03	07952	HHA HME					0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS					9,271	194.04
200.00		Cross Foot Adjustments	0	7,716	4,410	0	12,126	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,716	4,410	0	8,562,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
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	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	NICU	0	31.01
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	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	0	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
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	09001	WOUND CARE CENTER	0	90.01
90.02	04950	ENDOCRINOLOGY	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
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			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	8,452,744	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,702	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,351	192.00
194.00	07954 PHYSICIAN SERVICES	0	11,325	194.00
194.01	07950 ADVERTISING	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952 HHA HME	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	9,271	194.04
200.00	Cross Foot Adjustments	0	12,126	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	8,562,519	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	
		BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	403,613				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	138,301,728		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,873,646	1,699,340,338	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	69,774	0	19,830,628	0	5.06
7.00	00700	OPERATION OF PLANT	57,524	0	5,222,555	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	119,315	0	8.00
9.00	00900	HOUSEKEEPING	1,206	0	2,072,631	0	9.00
10.00	01000	DIETARY	277	0	570,933	0	10.00
11.00	01100	CAFETERIA	6,327	0	1,022,961	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,263,435	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	542,282	0	14.00
15.00	01500	PHARMACY	1,726	0	3,175,477	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,389	0	187,497	0	17.00
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	745,472	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	938,778	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,052	0	25,430,037	121,862,706	30.00
31.00	03100	INTENSIVE CARE UNIT	18,694	0	3,584,066	16,048,558	31.00
31.01	03101	NICU	24,483	0	3,181,894	14,544,957	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,950	0	1,784,411	11,506,278	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,682	0	4,537,194	171,746,503	50.00
50.01	05001	SAME DAY SURGERY	10,841	0	1,809,936	18,364,388	50.01
50.02	05002	G. I. LAB	680	0	4,026,467	24,969,626	50.02
51.00	05100	RECOVERY ROOM	1,963	0	860,289	21,834,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	5,487,826	32,297,910	52.00
53.00	05300	ANESTHESIOLOGY	519	0	180,389	32,897,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,002	0	4,358,994	214,021,804	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,866	0	5,319,785	33,306,575	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	3,643	0	483,491	24,524,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,690	0	3,283,545	166,636,519	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,338	0	3,614,213	37,575,392	65.00
69.00	06900	ELECTROCARDIOLOGY	3,820	0	5,760,966	58,560,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,460,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,835,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	251,755,960	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,209,409	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	2,473	0	920,179	2,787,393	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	2,528	0	4,223,390	50,253,312	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	2,080,330	49,778,887	75.05
75.06	07506	YORKVILLE	0	0	3,590,211	60,085,666	75.06
75.07	07507	MCAI	0	0	2,308,971	31,109,267	75.07
76.00	03020	DIABETIC CENTER	0	0	217,346	353,745	76.00
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	1,999,691	17,318,574	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	7,691,495	90.01
90.02	04950	ENDOCRINOLOGY	0	0	884,176	1,968,539	90.02
91.00	09100	EMERGENCY	17,432	0	6,166,981	133,034,188	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.05	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	400,840	0	0	137,660,388	1,699,340,338	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,773	0	0	108,292	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	99,634	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	433,414	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,562,519	0	0	37,264,578	6,776,907	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.214676	0.000000	0.000000	0.269444	0.003988	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000000	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: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	- 53,110,864	256,510,961				5.06
7.00	00700	OPERATION OF PLANT	0	17,934,714	276,315			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,426,069	0	1,334,596		8.00
9.00	00900	HOUSEKEEPING	0	4,690,995	1,206	0	275,109	9.00
10.00	01000	DIETARY	0	1,306,379	277	0	277	10.00
11.00	01100	CAFETERIA	0	2,449,702	6,327	0	6,327	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,691,080	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,601,959	5,657	0	5,657	14.00
15.00	01500	PHARMACY	0	3,881,161	1,726	0	1,726	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,788,771	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	340,748	1,389	0	1,389	17.00
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	946,495	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	603,547	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,438,506	73,052	604,861	73,052	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,482,483	18,694	70,530	18,694	31.00
31.01	03101	NICU	0	5,009,567	24,483	0	24,483	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,510,211	3,950	16,512	3,950	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,187,846	21,682	85,289	21,682	50.00
50.01	05001	SAME DAY SURGERY	0	2,803,046	10,841	61,843	10,841	50.01
50.02	05002	G. I. LAB	0	6,980,341	680	92,696	680	50.02
51.00	05100	RECOVERY ROOM	0	1,248,970	1,963	101,207	1,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,729,301	7,304	0	7,304	52.00
53.00	05300	ANESTHESIOLOGY	0	595,660	519	0	519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,170,573	20,002	0	20,002	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,581,067	35,866	0	35,866	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	839,211	3,643	0	3,643	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11,879,890	6,690	0	6,690	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	5,797,132	1,338	0	1,338	65.00
69.00	06900	ELECTROCARDIOLOGY	0	8,819,620	3,820	483	3,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,982,875	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,861,433	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,817,540	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,212,925	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	1,754,246	2,473	0	2,473	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	5,966,629	2,528	0	2,528	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	3,902,609	0	0	0	75.05
75.06	07506	YORKVILLE	0	6,101,146	0	0	0	75.06
75.07	07507	MCAI	0	4,257,107	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	338,635	0	0	0	76.00
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	3,151,183	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	1,008,962	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	1,375,763	0	0	0	90.02
91.00	09100	EMERGENCY	0	9,897,847	17,432	301,175	17,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-53,110,864	252,363,944	273,542	1,334,596	272,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	473,121	2,773	0	2,773	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	234,075	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	1,934,008	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,505,813	0	0	0	194.04
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)		53,110,864	21,648,114	1,721,338	5,756,755	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.207051	78.345779	1.289782	20.925360	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		1,480,233	1,323,854	8,230	58,435	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.005771	4.791104	0.006167	0.212407	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: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	148,488					10.00
11.00	01100	CAFETERIA	0	109,674				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,799	0	998,987		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,139	0	0	11,844,829	14.00
15.00	01500	PHARMACY	0	3,228	0	0	35,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	185	0	0	0	17.00
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	1,373	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	565	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,338	33,858	0	436,859	252,382	30.00
31.00	03100	INTENSIVE CARE UNIT	10,268	4,103	0	68,478	100,947	31.00
31.01	03101	NICU	0	3,676	0	53,246	47,567	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,173	2,318	0	25,351	5,945	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,451	0	49,578	5,066,189	50.00
50.01	05001	SAME DAY SURGERY	0	2,182	0	28,205	43,088	50.01
50.02	05002	G. I. LAB	0	2,699	0	27,014	766,252	50.02
51.00	05100	RECOVERY ROOM	0	822	0	13,093	2,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,709	6,354	0	95,778	333,108	52.00
53.00	05300	ANESTHESIOLOGY	0	386	0	0	115,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,287	0	78	588,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,215	0	21,313	77,454	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	433	0	0	65,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,655	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,219	0	2,080	72,248	65.00
69.00	06900	ELECTROCARDIOLOGY	0	3,175	0	15,770	64,797	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	454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	867	0	8,080	915	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	4,230	0	38	5,795	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	2,013	0	24,131	3,488,401	75.05
75.06	07506	YORKVILLE	0	0	0	12,500	37,711	75.06
75.07	07507	MCAI	0	0	0	1,360	443,681	75.07
76.00	03020	DIABETIC CENTER	0	199	0	0	0	76.00
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	2,543	0	19,702	72,598	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	35,488	90.01
90.02	04950	ENDOCRINOLOGY	0	354	0	1,447	379	90.02
91.00	09100	EMERGENCY	0	7,729	0	94,886	121,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	148,488	109,057	0	998,987	11,844,663	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	164	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	100	0	0	0	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	353	0	0	166	194.04
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)	1,604,364	3,585,004	0	5,753,866	2,532,454	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.804671	32.687820	0.000000	5.759701	0.213802	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,801	180,019	0	31,666	159,431	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.099678	1.641401	0.000000	0.031698	0.013460	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: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	10,000					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,699,340,338				16.00
17.00	01700	SOCIAL SERVICE	0	0	100			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	121,862,706	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,048,558	0	0	0	31.00
31.01	03101	NICU	0	14,544,957	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	11,506,278	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	171,746,503	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	18,364,388	0	0	0	50.01
50.02	05002	G. I. LAB	0	24,969,626	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	21,834,396	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,297,910	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	32,897,341	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	214,021,804	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,306,575	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	24,524,196	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	166,636,519	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	37,575,392	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	58,560,431	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	44,460,626	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,835,697	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,000	251,755,960	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,209,409	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	2,787,393	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	50,253,312	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	49,778,887	0	0	0	75.05
75.06	07506	YORKVILLE	0	60,085,666	0	0	0	75.06
75.07	07507	MCAI	0	31,109,267	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	353,745	0	0	0	76.00
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	17,318,574	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	7,691,495	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	1,968,539	0	0	0	90.02
91.00	09100	EMERGENCY	0	133,034,188	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	1,699,340,338	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,969,158	3,366,189	555,234	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	496.915800	0.001981	5,552.340000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,424	16,094	38,687	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.342400	0.000009	386.870000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,800			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		18,800		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,600	13,600	0	30.00
31.00	03100	INTENSIVE CARE UNIT	400	400	0	31.00
31.01	03101	NICU	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,200	1,200	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	400	400	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	900	900	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	300	300	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	300	300	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC REHAB	900	900	0	75.01
75.02	07502	HEART SURGERY	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	75.06
75.07	07507	MCAI	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	76.00
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	09001	WOUND CARE CENTER	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	90.02
91.00	09100	EMERGENCY	800	800	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES	PRGM COSTS			
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)			
			21.00	22.00	23.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					92.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,800	18,800	0		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03	07952	HHA HME	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0		194.04
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)	1,187,348	746,981	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	63.156809	39.733032	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,716	4,410	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.410426	0.234574	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	57,767,376	57,767,376	11,637	57,779,013
31.00	03100	INTENSIVE CARE UNIT	9,257,228	9,257,228	0	9,257,228
31.01	03101	NICU	8,943,084	8,943,084	21,485	8,964,569
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,831,550	3,831,550	0	3,831,550
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,860,885	18,860,885	23,370	18,884,255
50.01	05001	SAME DAY SURGERY	4,818,751	4,818,751	0	4,818,751
50.02	05002	G. I. LAB	9,069,798	9,069,798	0	9,069,798
51.00	05100	RECOVERY ROOM	1,979,029	1,979,029	0	1,979,029
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,021,779	11,021,779	0	11,021,779
53.00	05300	ANESTHESIOLOGY	873,055	873,055	6,108	879,163
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,571,075	12,571,075	0	12,571,075
55.00	05500	RADIOLOGY-THERAPEUTIC	14,228,633	14,228,633	0	14,228,633
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	1,451,384	1,451,384	0	1,451,384
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	15,486,026	15,486,026	0	15,486,026
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	7,337,345	7,337,345	1,918	7,339,263
69.00	06900	ELECTROCARDIOLOGY	11,350,046	11,350,046	0	11,350,046
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,966,217	16,966,217	0	16,966,217
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,398,251	14,398,251	0	14,398,251
73.00	07300	DRUGS CHARGED TO PATIENTS	29,388,461	29,388,461	0	29,388,461
74.00	07400	RENAL DIALYSIS	1,478,344	1,478,344	0	1,478,344
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	2,443,557	2,443,557	18,224	2,461,781
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	7,692,262	7,692,262	0	7,692,262
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	5,759,875	5,759,875	0	5,759,875
75.06	07506	YORKVILLE	7,563,483	7,563,483	0	7,563,483
75.07	07507	MCAI	5,302,865	5,302,865	0	5,302,865
76.00	03020	DIABETIC CENTER	415,956	415,956	0	415,956
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	4,050,072	4,050,072	0	4,050,072
90.01	09001	WOUND CARE CENTER	1,240,693	1,240,693	0	1,240,693
90.02	04950	ENDOCRINOLOGY	1,684,502	1,684,502	0	1,684,502
91.00	09100	EMERGENCY	15,154,771	15,154,771	10,423	15,165,194
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,441,098	9,441,098	0	9,441,098
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
200.00		Subtotal (see instructions)	311,827,451	311,827,451	93,165	311,920,616
201.00		Less Observation Beds	9,441,098	9,441,098	0	9,441,098
202.00		Total (see instructions)	302,386,353	302,386,353	93,165	302,479,518

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,138,366		107,138,366			30.00
31.00	03100	INTENSIVE CARE UNIT	16,048,558		16,048,558			31.00
31.01	03101	NICU	14,544,957		14,544,957			31.01
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	11,506,278		11,506,278			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,662,034	90,084,469	171,746,503	0.109818	0.000000	50.00
50.01	05001	SAME DAY SURGERY	1,957,033	16,407,355	18,364,388	0.262396	0.000000	50.01
50.02	05002	G. I. LAB	2,138,515	22,831,111	24,969,626	0.363233	0.000000	50.02
51.00	05100	RECOVERY ROOM	7,230,108	14,604,288	21,834,396	0.090638	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,050,047	247,863	32,297,910	0.341254	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,749,577	20,147,764	32,897,341	0.026539	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,804,069	154,217,735	214,021,804	0.058737	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	521,958	32,784,617	33,306,575	0.427202	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	7,182,376	17,341,820	24,524,196	0.059182	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	86,286,588	80,349,931	166,636,519	0.092933	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	32,234,757	5,340,635	37,575,392	0.195270	0.000000	65.00
69.00	06900	ELECTROCARDIOLOGY	15,645,267	42,915,164	58,560,431	0.193818	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,798,583	27,662,043	44,460,626	0.381601	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,902,831	19,932,866	40,835,697	0.352590	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,676,861	135,079,099	251,755,960	0.116734	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,742,093	467,316	7,209,409	0.205058	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	CARDIAC REHAB	3,675	2,783,718	2,787,393	0.876646	0.000000	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	0.000000	75.02
75.03	07503	REHAB SERVICES	25,513,470	24,739,842	50,253,312	0.153070	0.000000	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	0.000000	75.04
75.05	07505	VASCULAR SERVICES	23,895,095	25,883,792	49,778,887	0.115709	0.000000	75.05
75.06	07506	YORKVILLE	3,440,617	56,645,049	60,085,666	0.125878	0.000000	75.06
75.07	07507	MCAI	18,885	31,090,382	31,109,267	0.170459	0.000000	75.07
76.00	03020	DIABETIC CENTER	40,168	313,577	353,745	1.175864	0.000000	76.00
	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	660,056	16,658,518	17,318,574	0.233857	0.000000	90.00
90.01	09001	WOUND CARE CENTER	97,390	7,594,105	7,691,495	0.161307	0.000000	90.01
90.02	04950	ENDOCRINOLOGY	300	1,968,239	1,968,539	0.855712	0.000000	90.02
91.00	09100	EMERGENCY	32,369,566	100,664,622	133,034,188	0.113916	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	939,730	13,784,610	14,724,340	0.641190	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
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
200.00		Subtotal (see instructions)	736,799,808	962,540,530	1,699,340,338			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	736,799,808	962,540,530	1,699,340,338			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NICU			31.01
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109954		50.00
50.01	05001	SAME DAY SURGERY	0.262396		50.01
50.02	05002	G. I. LAB	0.363233		50.02
51.00	05100	RECOVERY ROOM	0.090638		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341254		52.00
53.00	05300	ANESTHESIOLOGY	0.026724		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.058737		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.427202		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.059182		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.092933		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.195321		65.00
69.00	06900	ELECTROCARDIOLOGY	0.193818		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381601		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352590		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116734		73.00
74.00	07400	RENAL DIALYSIS	0.205058		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	0.883184		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.153070		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.115709		75.05
75.06	07506	YORKVILLE	0.125878		75.06
75.07	07507	MCAI	0.170459		75.07
76.00	03020	DIABETIC CENTER	1.175864		76.00
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	0.233857		90.00
90.01	09001	WOUND CARE CENTER	0.161307		90.01
90.02	04950	ENDOCRINOLOGY	0.855712		90.02
91.00	09100	EMERGENCY	0.113995		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.641190		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
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
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: 14-0029

Period:
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		Title XIX		Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	57,767,376		57,767,376	11,637	57,779,013
31.00	03100 INTENSIVE CARE UNIT	9,257,228		9,257,228	0	9,257,228
31.01	03101 NICU	8,943,084		8,943,084	21,485	8,964,569
40.00	04000 SUBPROVIDER - IPF	0		0	0	0
41.00	04100 SUBPROVIDER - IRF	3,831,550		3,831,550	0	3,831,550
42.00	04200 SUBPROVIDER	0		0	0	0
43.00	04300 NURSERY	0		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	18,860,885		18,860,885	23,370	18,884,255
50.01	05001 SAME DAY SURGERY	4,818,751		4,818,751	0	4,818,751
50.02	05002 G. I. LAB	9,069,798		9,069,798	0	9,069,798
51.00	05100 RECOVERY ROOM	1,979,029		1,979,029	0	1,979,029
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,021,779		11,021,779	0	11,021,779
53.00	05300 ANESTHESIOLOGY	873,055		873,055	6,108	879,163
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,571,075		12,571,075	0	12,571,075
55.00	05500 RADIOLOGY-THERAPEUTIC	14,228,633		14,228,633	0	14,228,633
57.00	05700 CT SCAN	0		0	0	0
58.00	05800 MRI	1,451,384		1,451,384	0	1,451,384
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000 LABORATORY	15,486,026		15,486,026	0	15,486,026
60.01	06001 BLOOD LABORATORY	0		0	0	0
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0
65.00	06500 RESPIRATORY THERAPY	7,337,345	0	7,337,345	1,918	7,339,263
69.00	06900 ELECTROCARDIOLOGY	11,350,046		11,350,046	0	11,350,046
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,966,217		16,966,217	0	16,966,217
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,398,251		14,398,251	0	14,398,251
73.00	07300 DRUGS CHARGED TO PATIENTS	29,388,461		29,388,461	0	29,388,461
74.00	07400 RENAL DIALYSIS	1,478,344		1,478,344	0	1,478,344
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0
75.01	07501 CARDIAC REHAB	2,443,557		2,443,557	18,224	2,461,781
75.02	07502 HEART SURGERY	0		0	0	0
75.03	07503 REHAB SERVICES	7,692,262		7,692,262	0	7,692,262
75.04	07504 CV SURGERY	0		0	0	0
75.05	07505 VASCULAR SERVICES	5,759,875		5,759,875	0	5,759,875
75.06	07506 YORKVILLE	7,563,483		7,563,483	0	7,563,483
75.07	07507 MCAI	5,302,865		5,302,865	0	5,302,865
76.00	03020 DIABETIC CENTER	415,956		415,956	0	415,956
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	4,050,072		4,050,072	0	4,050,072
90.01	09001 WOUND CARE CENTER	1,240,693		1,240,693	0	1,240,693
90.02	04950 ENDOCRINOLOGY	1,684,502		1,684,502	0	1,684,502
91.00	09100 EMERGENCY	15,154,771		15,154,771	10,423	15,165,194
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,441,098		9,441,098	0	9,441,098
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0		0	0	0
101.00	10100 HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0
111.00	11100 ISLET ACQUISITION	0		0	0	0
113.00	11300 INTEREST EXPENSE	0		0	0	0
200.00	Subtotal (see instructions)	311,827,451	0	311,827,451	93,165	311,920,616
201.00	Less Observation Beds	9,441,098		9,441,098	0	9,441,098
202.00	Total (see instructions)	302,386,353	0	302,386,353	93,165	302,479,518

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2020
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,138,366		107,138,366		30.00
31.00	03100	INTENSIVE CARE UNIT	16,048,558		16,048,558		31.00
31.01	03101	NICU	14,544,957		14,544,957		31.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	11,506,278		11,506,278		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,662,034	90,084,469	171,746,503	0.109818	50.00
50.01	05001	SAME DAY SURGERY	1,957,033	16,407,355	18,364,388	0.262396	50.01
50.02	05002	G. I. LAB	2,138,515	22,831,111	24,969,626	0.363233	50.02
51.00	05100	RECOVERY ROOM	7,230,108	14,604,288	21,834,396	0.090638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,050,047	247,863	32,297,910	0.341254	52.00
53.00	05300	ANESTHESIOLOGY	12,749,577	20,147,764	32,897,341	0.026539	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,804,069	154,217,735	214,021,804	0.058737	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	521,958	32,784,617	33,306,575	0.427202	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	7,182,376	17,341,820	24,524,196	0.059182	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	86,286,588	80,349,931	166,636,519	0.092933	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	32,234,757	5,340,635	37,575,392	0.195270	65.00
69.00	06900	ELECTROCARDIOLOGY	15,645,267	42,915,164	58,560,431	0.193818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,798,583	27,662,043	44,460,626	0.381601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,902,831	19,932,866	40,835,697	0.352590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,676,861	135,079,099	251,755,960	0.116734	73.00
74.00	07400	RENAL DIALYSIS	6,742,093	467,316	7,209,409	0.205058	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	3,675	2,783,718	2,787,393	0.876646	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	25,513,470	24,739,842	50,253,312	0.153070	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	23,895,095	25,883,792	49,778,887	0.115709	75.05
75.06	07506	YORKVILLE	3,440,617	56,645,049	60,085,666	0.125878	75.06
75.07	07507	MCAI	18,885	31,090,382	31,109,267	0.170459	75.07
76.00	03020	DIABETIC CENTER	40,168	313,577	353,745	1.175864	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	660,056	16,658,518	17,318,574	0.233857	90.00
90.01	09001	WOUND CARE CENTER	97,390	7,594,105	7,691,495	0.161307	90.01
90.02	04950	ENDOCRINOLOGY	300	1,968,239	1,968,539	0.855712	90.02
91.00	09100	EMERGENCY	32,369,566	100,664,622	133,034,188	0.113916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	939,730	13,784,610	14,724,340	0.641190	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
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
200.00		Subtotal (see instructions)	736,799,808	962,540,530	1,699,340,338		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	736,799,808	962,540,530	1,699,340,338		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NICU				31.01
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
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
50.02	05002	G. I. LAB	0.000000			50.02
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
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
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
75.01	07501	CARDIAC REHAB	0.000000			75.01
75.02	07502	HEART SURGERY	0.000000			75.02
75.03	07503	REHAB SERVICES	0.000000			75.03
75.04	07504	CV SURGERY	0.000000			75.04
75.05	07505	VASCULAR SERVICES	0.000000			75.05
75.06	07506	YORKVILLE	0.000000			75.06
75.07	07507	MCAI	0.000000			75.07
76.00	03020	DIABETIC CENTER	0.000000			76.00
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	09001	WOUND CARE CENTER	0.000000			90.01
90.02	04950	ENDOCRINOLOGY	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
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
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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,253,619	0	2,253,619	46,983	47.97	30.00
31.00	INTENSIVE CARE UNIT	533,629		533,629	5,744	92.90	31.00
31.01	NICU	679,303		679,303	3,424	198.39	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	124,256	0	124,256	5,037	24.67	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	4,304	0.00	43.00
200.00	Total (lines 30 through 199)	3,590,807		3,590,807	65,492		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	14,593	700,026				
31.00	INTENSIVE CARE UNIT	1,422	132,104				
31.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	3,101	76,502				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,116	908,632				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	719,580	171,746,503	0.004190	28,876,369	120,992	50.00
50.01	05001	SAME DAY SURGERY	306,009	18,364,388	0.016663	686,429	11,438	50.01
50.02	05002	G. I. LAB	74,509	24,969,626	0.002984	753,894	2,250	50.02
51.00	05100	RECOVERY ROOM	61,292	21,834,396	0.002807	2,718,125	7,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,012	32,297,910	0.007896	3,773,674	29,797	52.00
53.00	05300	ANESTHESIOLOGY	19,533	32,897,341	0.000594	4,213,881	2,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,102	214,021,804	0.002757	22,942,762	63,253	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	997,159	33,306,575	0.029939	188,073	5,631	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	102,171	24,524,196	0.004166	2,544,473	10,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	253,099	166,636,519	0.001519	28,213,668	42,857	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	75,194	37,575,392	0.002001	10,562,997	21,137	65.00
69.00	06900	ELECTROCARDIOLOGY	158,164	58,560,431	0.002701	6,503,249	17,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	81,101	44,460,626	0.001824	6,542,152	11,933	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,820	40,835,697	0.001685	9,537,822	16,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,855	251,755,960	0.000758	32,665,609	24,761	73.00
74.00	07400	RENAL DIALYSIS	7,065	7,209,409	0.000980	3,133,528	3,071	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	76,677	2,787,393	0.027508	1,261	35	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	108,187	50,253,312	0.002153	6,003,674	12,926	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	73,993	49,778,887	0.001486	8,176,842	12,151	75.05
75.06	07506	YORKVILLE	36,655	60,085,666	0.000610	1,290,319	787	75.06
75.07	07507	MCAI	30,863	31,109,267	0.000992	7,178	7	75.07
76.00	03020	DIABETIC CENTER	2,284	353,745	0.006457	35,475	229	76.00
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	24,117	17,318,574	0.001393	186,394	260	90.00
90.01	09001	WOUND CARE CENTER	6,370	7,691,495	0.000828	43,429	36	90.01
90.02	04950	ENDOCRINOLOGY	8,590	1,968,539	0.004364	15	0	90.02
91.00	09100	EMERGENCY	534,536	133,034,188	0.004018	12,415,891	49,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	368,241	14,724,340	0.025009	214,950	5,376	92.00
200.00	Total (lines 50 through 199)		5,230,178	1,550,102,179		192,232,133	473,183	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0029		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 9:29 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	03101	NICU	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	46,983	0.00	14,593	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,744	0.00	1,422	31.00		
31.01	03101	NICU	0	0	3,424	0.00	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,037	0.00	3,101	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY	0	0	4,304	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	65,492		19,116	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
31.01	03101	NICU	0							31.01
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
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:29 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY		0	0	0	0	0	50.01
50.02	05002	G. I. LAB		0	0	0	0	0	50.02
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
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB		0	0	0	0	0	75.01
75.02	07502	HEART SURGERY		0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES		0	0	0	0	0	75.03
75.04	07504	CV SURGERY		0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES		0	0	0	0	0	75.05
75.06	07506	YORKVILLE		0	0	0	0	0	75.06
75.07	07507	MCAI		0	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER		0	0	0	0	0	76.00
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	09001	WOUND CARE CENTER		0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0029		Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:29 am		
					Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
			4.00	5.00	6.00	7.00	8.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	171,746,503	0.000000		50.00	
50.01	05001	SAME DAY SURGERY	0	0	0	18,364,388	0.000000		50.01	
50.02	05002	G. I. LAB	0	0	0	24,969,626	0.000000		50.02	
51.00	05100	RECOVERY ROOM	0	0	0	21,834,396	0.000000		51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,297,910	0.000000		52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	32,897,341	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	214,021,804	0.000000		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	33,306,575	0.000000		55.00	
57.00	05700	CT SCAN	0	0	0	0	0.000000		57.00	
58.00	05800	MRI	0	0	0	24,524,196	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000		59.00	
60.00	06000	LABORATORY	0	0	0	166,636,519	0.000000		60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000		60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000		62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,575,392	0.000000		65.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	58,560,431	0.000000		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,460,626	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,835,697	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	251,755,960	0.000000		73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	7,209,409	0.000000		74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00	
75.01	07501	CARDIAC REHAB	0	0	0	2,787,393	0.000000		75.01	
75.02	07502	HEART SURGERY	0	0	0	0	0.000000		75.02	
75.03	07503	REHAB SERVICES	0	0	0	50,253,312	0.000000		75.03	
75.04	07504	CV SURGERY	0	0	0	0	0.000000		75.04	
75.05	07505	VASCULAR SERVICES	0	0	0	49,778,887	0.000000		75.05	
75.06	07506	YORKVILLE	0	0	0	60,085,666	0.000000		75.06	
75.07	07507	MCAI	0	0	0	31,109,267	0.000000		75.07	
76.00	03020	DIABETIC CENTER	0	0	0	353,745	0.000000		76.00	
	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	17,318,574	0.000000		90.00	
90.01	09001	WOUND CARE CENTER	0	0	0	7,691,495	0.000000		90.01	
90.02	04950	ENDOCRINOLOGY	0	0	0	1,968,539	0.000000		90.02	
91.00	09100	EMERGENCY	0	0	0	133,034,188	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,724,340	0.000000		92.00	
200.00		Total (lines 50 through 199)	0	0	0	1,550,102,179			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	28,876,369	0	12,458,810	0	50.00
50.01	05001	SAME DAY SURGERY	0.000000	686,429	0	2,637,285	0	50.01
50.02	05002	G. I. LAB	0.000000	753,894	0	2,832,375	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	2,718,125	0	1,971,134	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	3,773,674	0	937	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,213,881	0	3,196,811	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	22,942,762	0	27,470,733	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	188,073	0	9,269,012	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	2,544,473	0	3,520,233	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	28,213,668	0	12,213,702	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	10,562,997	0	838,109	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,503,249	0	9,550,191	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	6,542,152	0	6,204,000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,537,822	0	4,193,920	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	32,665,609	0	38,384,814	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,133,528	0	294,551	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.000000	1,261	0	1,027,269	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.000000	6,003,674	0	39,414	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.000000	8,176,842	0	9,050,601	0	75.05
75.06	07506	YORKVILLE	0.000000	1,290,319	0	10,851,861	0	75.06
75.07	07507	MCAI	0.000000	7,178	0	3,062,052	0	75.07
76.00	03020	DIABETIC CENTER	0.000000	35,475	0	0	0	76.00
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	186,394	0	1,826,289	0	90.00
90.01	09001	WOUND CARE CENTER	0.000000	43,429	0	3,053,292	0	90.01
90.02	04950	ENDOCRINOLOGY	0.000000	15	0	178,991	0	90.02
91.00	09100	EMERGENCY	0.000000	12,415,891	0	13,780,487	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	214,950	0	2,895,980	0	92.00
200.00		Total (lines 50 through 199)		192,232,133	0	180,802,853	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII		Hospital		11/30/2021 9:29 am	
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	0.109818	12,458,810	0	0	1,368,202	50.00
50.01	05001	SAME DAY SURGERY	0.262396	2,637,285	0	0	692,013	50.01
50.02	05002	G. I. LAB	0.363233	2,832,375	0	0	1,028,812	50.02
51.00	05100	RECOVERY ROOM	0.090638	1,971,134	0	0	178,660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341254	937	0	0	320	52.00
53.00	05300	ANESTHESIOLOGY	0.026539	3,196,811	0	0	84,840	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.058737	27,470,733	0	0	1,613,548	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.427202	9,269,012	0	0	3,959,740	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.059182	3,520,233	0	0	208,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.092933	12,213,702	12,142	0	1,135,056	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.195270	838,109	0	0	163,658	65.00
69.00	06900	ELECTROCARDIOLOGY	0.193818	9,550,191	0	0	1,850,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381601	6,204,000	0	0	2,367,453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352590	4,193,920	0	0	1,478,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116734	38,384,814	69,647	90,911	4,480,813	73.00
74.00	07400	RENAL DIALYSIS	0.205058	294,551	0	0	60,400	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.876646	1,027,269	0	0	900,551	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.153070	39,414	0	0	6,033	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.115709	9,050,601	0	0	1,047,236	75.05
75.06	07506	YORKVILLE	0.125878	10,851,861	1,769	0	1,366,011	75.06
75.07	07507	MCAI	0.170459	3,062,052	0	0	521,954	75.07
76.00	03020	DIABETIC CENTER	1.175864	0	0	0	0	76.00
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	0.233857	1,826,289	0	0	427,090	90.00
90.01	09001	WOUND CARE CENTER	0.161307	3,053,292	0	0	492,517	90.01
90.02	04950	ENDOCRINOLOGY	0.855712	178,991	0	0	153,165	90.02
91.00	09100	EMERGENCY	0.113916	13,780,487	3,582	0	1,569,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.641190	2,895,980	0	0	1,856,873	92.00
200.00		Subtotal (see instructions)		180,802,853	87,140	90,911	29,012,830	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		180,802,853	87,140	90,911	29,012,830	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 9:29 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SAME DAY SURGERY	0	0		50.01
50.02	05002	G. I. LAB	0	0		50.02
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
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	1,128	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
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	8,130	10,612		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	HEART SURGERY	0	0		75.02
75.03	07503	REHAB SERVICES	0	0		75.03
75.04	07504	CV SURGERY	0	0		75.04
75.05	07505	VASCULAR SERVICES	0	0		75.05
75.06	07506	YORKVILLE	223	0		75.06
75.07	07507	MCAI	0	0		75.07
76.00	03020	DIABETIC CENTER	0	0		76.00
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	09001	WOUND CARE CENTER	0	0		90.01
90.02	04950	ENDOCRINOLOGY	0	0		90.02
91.00	09100	EMERGENCY	408	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	9,889	10,612		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	9,889	10,612		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:29 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	719,580	171,746,503	0.004190	0	50.00
50.01	05001	SAME DAY SURGERY	306,009	18,364,388	0.016663	0	50.01
50.02	05002	G. I. LAB	74,509	24,969,626	0.002984	0	50.02
51.00	05100	RECOVERY ROOM	61,292	21,834,396	0.002807	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,012	32,297,910	0.007896	8,103	52.00
53.00	05300	ANESTHESIOLOGY	19,533	32,897,341	0.000594	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,102	214,021,804	0.002757	225,888	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	997,159	33,306,575	0.029939	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	57.00
58.00	05800	MRI	102,171	24,524,196	0.004166	49,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	253,099	166,636,519	0.001519	1,212,855	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	75,194	37,575,392	0.002001	367,915	65.00
69.00	06900	ELECTROCARDIOLOGY	158,164	58,560,431	0.002701	19,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	81,101	44,460,626	0.001824	116,595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,820	40,835,697	0.001685	5,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,855	251,755,960	0.000758	1,774,013	73.00
74.00	07400	RENAL DIALYSIS	7,065	7,209,409	0.000980	307,104	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	76,677	2,787,393	0.027508	0	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	75.02
75.03	07503	REHAB SERVICES	108,187	50,253,312	0.002153	8,215,891	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	73,993	49,778,887	0.001486	8,323	75.05
75.06	07506	YORKVILLE	36,655	60,085,666	0.000610	0	75.06
75.07	07507	MCAI	30,863	31,109,267	0.000992	0	75.07
76.00	03020	DIABETIC CENTER	2,284	353,745	0.006457	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	24,117	17,318,574	0.001393	5,450	90.00
90.01	09001	WOUND CARE CENTER	6,370	7,691,495	0.000828	0	90.01
90.02	04950	ENDOCRINOLOGY	8,590	1,968,539	0.004364	0	90.02
91.00	09100	EMERGENCY	534,536	133,034,188	0.004018	11,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,724,340	0.000000	0	92.00
200.00		Total (lines 50 through 199)	4,861,937	1,550,102,179		12,328,582	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:29 am	
				Title XVIII		Subprovider - IRF		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
50.01	05001	SAME DAY SURGERY		0	0	0	0	0	50.01
50.02	05002	G. I. LAB		0	0	0	0	0	50.02
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
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB		0	0	0	0	0	75.01
75.02	07502	HEART SURGERY		0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES		0	0	0	0	0	75.03
75.04	07504	CV SURGERY		0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES		0	0	0	0	0	75.05
75.06	07506	YORKVILLE		0	0	0	0	0	75.06
75.07	07507	MCAI		0	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER		0	0	0	0	0	76.00
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	09001	WOUND CARE CENTER		0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:29 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	171,746,503	0.000000	50.00
50.01	05001	SAME DAY SURGERY		0	0	0	18,364,388	0.000000	50.01
50.02	05002	G. I. LAB		0	0	0	24,969,626	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	21,834,396	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	32,297,910	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	32,897,341	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	214,021,804	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	33,306,575	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	24,524,196	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	166,636,519	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	37,575,392	0.000000	65.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	58,560,431	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	44,460,626	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	40,835,697	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	251,755,960	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,209,409	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB		0	0	0	2,787,393	0.000000	75.01
75.02	07502	HEART SURGERY		0	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES		0	0	0	50,253,312	0.000000	75.03
75.04	07504	CV SURGERY		0	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES		0	0	0	49,778,887	0.000000	75.05
75.06	07506	YORKVILLE		0	0	0	60,085,666	0.000000	75.06
75.07	07507	MCAI		0	0	0	31,109,267	0.000000	75.07
76.00	03020	DIABETIC CENTER		0	0	0	353,745	0.000000	76.00
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	17,318,574	0.000000	90.00
90.01	09001	WOUND CARE CENTER		0	0	0	7,691,495	0.000000	90.01
90.02	04950	ENDOCRINOLOGY		0	0	0	1,968,539	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	133,034,188	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	14,724,340	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	1,550,102,179		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:29 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	0	50.01
50.02	05002	G. I. LAB	0.000000	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	8,103	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	225,888	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	49,985	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,212,855	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	367,915	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,373	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	116,595	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,150	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,774,013	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	307,104	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.000000	0	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.000000	8,215,891	0	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.000000	8,323	0	0	0	0	75.05
75.06	07506	YORKVILLE	0.000000	0	0	0	0	0	75.06
75.07	07507	MCAI	0.000000	0	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0.000000	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	5,450	0	0	396	0	90.00
90.01	09001	WOUND CARE CENTER	0.000000	0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0.000000	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	11,937	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			12,328,582	0	396	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:29 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.109818	0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.262396	0	0	0	0	0	50.01
50.02	05002	G. I. LAB	0.363233	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.090638	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341254	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026539	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.058737	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.427202	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.059182	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.092933	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.195270	0	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.193818	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381601	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352590	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116734	0	0	0	1,400	0	73.00
74.00	07400	RENAL DIALYSIS	0.205058	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.876646	0	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.153070	0	0	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.115709	0	0	0	0	0	75.05
75.06	07506	YORKVILLE	0.125878	0	0	0	0	0	75.06
75.07	07507	MCAI	0.170459	0	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	1.175864	0	0	0	0	0	76.00
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	0.233857	396	0	0	0	93	90.00
90.01	09001	WOUND CARE CENTER	0.161307	0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0.855712	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.113916	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.641190	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		396	0	0	1,400	93	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)		396	0	0	1,400	93	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/30/2021 9:29 am

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	0	0	50.02
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
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
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	163	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	75.05
75.06	07506	YORKVILLE	0	0	75.06
75.07	07507	MCAI	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
	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	09001	WOUND CARE CENTER	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	163	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	163	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:29 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,983	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,983	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)		39,306	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)		14,593	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)		57,779,013	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)		57,779,013	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)		57,779,013	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)		1,229.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,946,325	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)		17,946,325	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

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

Worksheet D-1

Date/Time Prepared:

11/30/2021 9:29 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,257,228	5,744	1,611.63	1,422	2,291,738	43.00
43.01	NICU	8,964,569	3,424	2,618.16	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,790,456	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,028,519	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)					832,130	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					473,183	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,305,313	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,723,206	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)					7,677	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,229.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,441,098	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 9:29 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,253,619	57,779,013	0.039004	9,441,098	368,241	90.00
91.00 Nursing School cost	0	57,779,013	0.000000	9,441,098	0	91.00
92.00 Allied health cost	0	57,779,013	0.000000	9,441,098	0	92.00
93.00 All other Medical Education	0	57,779,013	0.000000	9,441,098	0	93.00

Health Financial Systems		COPLEY MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029	Period: From 07/01/2020	Worksheet D-1	
		Component CCN: 14-T029	To 06/30/2021	Date/Time Prepared: 11/30/2021 9:29 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,037	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,037	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)		5,037	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)		3,101	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)		3,831,550	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)		3,831,550	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)		3,831,550	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)		760.68	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,358,869	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)		2,358,869	41.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:29 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,784,898	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,143,767	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)					76,502	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,150	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					99,652	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,044,115	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: 14-0029 Component CCN: 14-T029		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:29 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	124,256	3,831,550	0.032430	0	0	90.00
91.00 Nursing School cost	0	3,831,550	0.000000	0	0	91.00
92.00 Allied health cost	0	3,831,550	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,831,550	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:29 am
Title XVIII			Hospital		PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		36,793,406	30.00
31.00	03100	INTENSIVE CARE UNIT		5,606,426	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,259	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109954	28,876,369	3,175,072 50.00
50.01	05001	SAME DAY SURGERY	0.262396	686,429	180,116 50.01
50.02	05002	G. I. LAB	0.363233	753,894	273,839 50.02
51.00	05100	RECOVERY ROOM	0.090638	2,718,125	246,365 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341254	3,773,674	1,287,781 52.00
53.00	05300	ANESTHESIOLOGY	0.026724	4,213,881	112,612 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.058737	22,942,762	1,347,589 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.427202	188,073	80,345 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.059182	2,544,473	150,587 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.092933	28,213,668	2,621,981 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.195321	10,562,997	2,063,175 65.00
69.00	06900	ELECTROCARDIOLOGY	0.193818	6,503,249	1,260,447 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381601	6,542,152	2,496,492 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352590	9,537,822	3,362,941 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116734	32,665,609	3,813,187 73.00
74.00	07400	RENAL DIALYSIS	0.205058	3,133,528	642,555 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	0.883184	1,261	1,114 75.01
75.02	07502	HEART SURGERY	0.000000	0	0 75.02
75.03	07503	REHAB SERVICES	0.153070	6,003,674	918,982 75.03
75.04	07504	CV SURGERY	0.000000	0	0 75.04
75.05	07505	VASCULAR SERVICES	0.115709	8,176,842	946,134 75.05
75.06	07506	YORKVILLE	0.125878	1,290,319	162,423 75.06
75.07	07507	MCAI	0.170459	7,178	1,224 75.07
76.00	03020	DIABETIC CENTER	1.175864	35,475	41,714 76.00
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	0.233857	186,394	43,590 90.00
90.01	09001	WOUND CARE CENTER	0.161307	43,429	7,005 90.01
90.02	04950	ENDOCRINOLOGY	0.855712	15	13 90.02
91.00	09100	EMERGENCY	0.113995	12,415,891	1,415,349 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.641190	214,950	137,824 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		192,232,133	26,790,456 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		192,232,133	26,790,456 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3	
		Component CCN: 14-T029		Date/Time Prepared: 11/30/2021 9:29 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		7,171,361		41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109954	0	0	50.00
50.01	05001 SAME DAY SURGERY	0.262396	0	0	50.01
50.02	05002 G. I. LAB	0.363233	0	0	50.02
51.00	05100 RECOVERY ROOM	0.090638	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.341254	8,103	2,765	52.00
53.00	05300 ANESTHESIOLOGY	0.026724	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.058737	225,888	13,268	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.427202	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.059182	49,985	2,958	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.092933	1,212,855	112,714	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.195321	367,915	71,862	65.00
69.00	06900 ELECTROCARDIOLOGY	0.193818	19,373	3,755	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.381601	116,595	44,493	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.352590	5,150	1,816	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116734	1,774,013	207,088	73.00
74.00	07400 RENAL DIALYSIS	0.205058	307,104	62,974	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	0.883184	0	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	0.153070	8,215,891	1,257,606	75.03
75.04	07504 CV SURGERY	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.115709	8,323	963	75.05
75.06	07506 YORKVILLE	0.125878	0	0	75.06
75.07	07507 MCAI	0.170459	0	0	75.07
76.00	03020 DIABETIC CENTER	1.175864	0	0	76.00
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	0.233857	5,450	1,275	90.00
90.01	09001 WOUND CARE CENTER	0.161307	0	0	90.01
90.02	04950 ENDOCRINOLOGY	0.855712	0	0	90.02
91.00	09100 EMERGENCY	0.113995	11,937	1,361	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.641190	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,328,582	1,784,898	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		12,328,582		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:29 am
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		9,330,666	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		28,216,577	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)		104,643	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		378,700	2.04
3.00	Managed Care Simulated Payments		14,519,919	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		170.97	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)		12.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.27	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.61	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.73	12.00
13.00	Total allowable FTE count for the prior year.		11.73	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.		11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.73	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		11.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.068609	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.069855	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.068609	21.00
22.00	IME payment adjustment (see instructions)		1,380,725	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		533,941	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)		1.88	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)		1,380,725	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		533,941	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.96	31.00
32.00	Sum of lines 30 and 31		28.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.38	33.00
34.00	Disproportionate share adjustment (see instructions)		1,162,087	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:29 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000301367	0.000354005	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,516,594	2,934,706	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		632,586	2,194,999	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,827,585		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		43,400,983		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)			43,934,924	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,130,272	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).			355,305	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			369,176	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			47,789,677	59.00
60.00	Primary payer payments			21,008	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			47,768,669	61.00
62.00	Deductibles billed to program beneficiaries			3,524,788	62.00
63.00	Coinsurance billed to program beneficiaries			38,338	63.00
64.00	Allowable bad debts (see instructions)			831,292	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			540,340	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			643,935	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			44,745,883	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)			63,916	70.93
70.94	HRR adjustment amount (see instructions)			-201,493	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:29 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,608,306	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		44,737,772	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)		-129,466	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,200,148	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:29 am

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,330,666	0	9,330,666		9,330,666	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,216,577	0		28,216,577	28,216,577	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	104,643	0	104,643		104,643	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	378,700	0		378,700	378,700	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	14,519,919	0	3,312,949	11,206,970	14,519,919	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.068609	0.068609	0.068609	0.068609		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,380,725	0	343,117	1,037,608	1,380,725	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	533,941	0	121,827	412,114	533,941	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,380,725	0	343,117	1,037,608	1,380,725	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	533,941	0	121,827	412,114	533,941	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1238	0.1238	0.1238	0.1238		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,162,087	0	288,784	873,303	1,162,087	11.00	
11.01	Uncompensated care payments	36.00	2,827,585	0	632,586	2,194,999	2,827,585	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	43,400,983	0	10,699,796	32,701,187	43,400,983	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	43,934,924	0	10,821,623	33,113,301	43,934,924	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,130,272	0	800,075	2,330,197	3,130,272	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:29 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	369,176	0	0	369,176	369,176	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	11,621,698	35,812,674	47,434,372	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,889,017	0	738,895	2,150,122	2,889,017	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,045	0	0	2,045	2,045	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0243	0.0243	0.0243	0.0243		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	70,203	0	17,955	52,248	70,203	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0585	0.0585	0.0585	0.0585		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	169,007	0	43,225	125,782	169,007	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,130,272	0	800,075	2,330,197	3,130,272	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 9:29 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,330,666	9,330,666		9,330,666	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,216,577		28,216,577	28,216,577	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	104,643	104,643		104,643	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	378,700		378,700	378,700	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,519,919	3,312,949	11,206,970	14,519,919	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.068609	0.068609	0.068609		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,380,725	343,117	1,037,608	1,380,725	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	533,941	121,827	412,114	533,941	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,380,725	343,117	1,037,608	1,380,725	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	533,941	121,827	412,114	533,941	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1238	0.1238	0.1238		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,162,087	288,784	873,303	1,162,087	11.00
11.01	Uncompensated care payments	36.00	2,827,585	632,586	2,194,999	2,827,585	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,400,983	10,699,796	32,701,187	43,400,983	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	43,934,924	10,821,623	33,113,301	43,934,924	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,130,272	800,075	2,330,197	3,130,272	16.00
17.00	Special add-on payments for new technologies	54.00	369,176	0	369,176	369,176	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			11,621,698	35,812,674	47,434,372	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 9:29 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,889,017	738,895	2,150,122	2,889,017	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,045	0	2,045	2,045	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0243	0.0243	0.0243		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	70,203	17,955	52,248	70,203	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0585	0.0585	0.0585		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	169,007	43,225	125,782	169,007	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,130,272	800,075	2,330,197	3,130,272	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	63,916	-1,646	65,562	63,916	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-201,493	-24,260	-177,233	-201,493	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:29 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,501	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,012,830	2.00
3.00	OPPS payments		24,774,033	3.00
4.00	Outlier payment (see instructions)		45,607	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,501	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		178,051	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)		178,051	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)		178,051	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		157,550	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)		20,501	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)		24,819,640	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		13,929	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,577,155	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)		20,249,057	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		201,662	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)		20,450,719	30.00
31.00	Primary payer payments		1,492	31.00
32.00	Subtotal (line 30 minus line 31)		20,449,227	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		781,460	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		507,949	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		472,792	36.00
37.00	Subtotal (see instructions)		20,957,176	37.00
38.00	MSP-LCC reconciliation amount from PS&R		55	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		20,957,121	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		20,816,319	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		140,802	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		408,979	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:29 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		163	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		93	2.00
3.00	OPPS payments		158	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		163	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,400	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)		1,400	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)		1,400	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,237	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)		163	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)		158	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)		0	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)		321	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		321	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		321	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		321	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		321	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		340	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)		-19	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 9:29 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		44,562,417		20,698,926	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	03/08/2021	175,355	03/08/2021	117,393	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)		175,355		117,393	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)		44,737,772		20,816,319	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		140,802	6.01
6.02	SETTLEMENT TO PROGRAM		129,466		0	6.02
7.00	Total Medicare program liability (see instructions)		44,608,306		20,957,121	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0029

Period:

Worksheet E-1

Component CCN: 14-T029

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:29 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,417,038		340	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	03/08/2021	60,171		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)		-60,171		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)		6,356,867		340	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		15,199		19	6.02
7.00	Total Medicare program liability (see instructions)		6,341,668		321	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/30/2021 9:29 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/30/2021 9:29 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,786,268 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0189 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			156,229 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			1.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			13.800000 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.073688 11.00
12.00	Teaching Adjustment (see instructions)			426,379 12.00
13.00	Total PPS Payment (see instructions)			6,368,876 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,368,876 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,368,876 19.00
20.00	Deductibles			27,208 20.00
21.00	Subtotal (line 19 minus line 20)			6,341,668 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			6,341,668 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,341,668 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,341,668 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,356,867 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-15,199 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			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: 14-0029		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/30/2021 9:29 am	
		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.					12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.27	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)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					14.61	6.00
7.00	Enter the lesser of line 5 or line 6					11.73	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.	13.61	1.00	14.61		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	10.93	0.80	11.73		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	10.93	0.80	11.73		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.82	0.91	11.73		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.81	0.92	11.73		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.85	0.88	11.73		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	11.73		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	11.73		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	11.73		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	11.73		16.01	
17.00	Adjusted rolling average FTE count	10.85	0.88	11.73		17.00	
18.00	Per resident amount	102,008.08	102,008.08	11.73		18.00	
19.00	Approved amount for resident costs	1,106,788	89,767	1,196,555		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.88		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			1,196,555		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	19,116	3,333	3,632			26.00
27.00	Total Inpatient Days (see instructions)	55,422	55,422	55,422			27.00
28.00	Ratio of inpatient days to total inpatient days	0.344917	0.060139	0.065534			28.00
29.00	Program direct GME amount	412,712	71,960	78,415	563,087		29.00
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		2,929	3,191	6,120		30.00
31.00	Net Program direct GME amount				556,967		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 9:29 am	
		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)			7,209,409	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)			51,172,286	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)			21,008	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			51,151,278	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			29,033,587	42.00
43.00	Primary payer payments (see instructions)			1,492	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			29,032,095	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			80,183,373	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.637929	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.362071	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			556,967	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			355,305	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			201,662	50.00

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

Provider CCN: 14-0029

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

Worksheet G

Date/Time Prepared:
11/30/2021 9:29 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	33,421,941	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	134,662,243	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-81,563,663	0	0	0	6.00
7.00 Inventory	7,196,280	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	245,178,250	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)	338,895,051	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,441,298	0	0	0	12.00
13.00 Land improvements	16,100,500	0	0	0	13.00
14.00 Accumulated depreciation	-13,195,641	0	0	0	14.00
15.00 Buildings	137,152,811	0	0	0	15.00
16.00 Accumulated depreciation	-127,709,243	0	0	0	16.00
17.00 Leasehold improvements	3,743,627	0	0	0	17.00
18.00 Accumulated depreciation	-3,441,776	0	0	0	18.00
19.00 Fixed equipment	123,601,033	0	0	0	19.00
20.00 Accumulated depreciation	-143,110,975	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	0	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	213,554,341	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)	209,135,975	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	416,361,176	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	10,571,466	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	426,932,642	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	974,963,668	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	23,475,386	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	180,669,237	0	0	0	43.00
44.00 Other current liabilities	30,541,423	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	234,686,046	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	130,112,694	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	75,442,557	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	205,555,251	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	440,241,297	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	534,722,371	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)	534,722,371	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	974,963,668	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0029

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 9:29 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		408,959,087		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		123,927,589				2.00
3.00	Total (sum of line 1 and line 2)		532,886,676		0		3.00
4.00	PRIOR PERIOD ADJUSTMENT	1,835,695		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,835,695		0		10.00
11.00	Subtotal (line 3 plus line 10)		534,722,371		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)		534,722,371		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	PRIOR PERIOD ADJUSTMENT		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 14-0029

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 9:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	107,138,366		107,138,366	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	11,506,278		11,506,278	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	118,644,644		118,644,644	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,048,558		16,048,558	11.00
11.01	NICU	14,544,957		14,544,957	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,593,515		30,593,515	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	149,238,159		149,238,159	17.00
18.00	Ancillary services	587,521,649	861,915,908	1,449,437,557	18.00
19.00	Outpatient services	0	100,664,622	100,664,622	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	129,837	35,274	165,111	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	736,889,645	962,615,804	1,699,505,449	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		397,060,396		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	BAD DEBTS	50,674,000			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)		50,674,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		346,386,396		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0029

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

Worksheet G-3

Date/Time Prepared:
11/30/2021 9:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,699,505,449	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,357,067,762	2.00
3.00	Net patient revenues (line 1 minus line 2)	342,437,687	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	346,386,396	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,948,709	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	66,151,683	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	8,754	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	5,028	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	393,618	20.00
21.00	Rental of vending machines	6,282	21.00
22.00	Rental of hospital space	1,489,833	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRA REV	27,907	24.00
24.01	340B REVENUE	1,624,067	24.01
24.02	OTHER OP MISC REVENUE	290	24.02
24.03	GARNISHMENT FEE REVENUE	878	24.03
24.04	OUTSIDE SVC REVENUE	21,174,473	24.04
24.05	MCD ASSESSMENT & EXPANSION REVENUE	34,192,390	24.05
24.06	GAIN/LOSS ON INVESTMENTS	20,641	24.06
24.07	GAIN/LOSS ON ASSETS	0	24.07
24.08	RENT REVENUE	12,948	24.08
24.09	MARK TO MARKET	0	24.09
24.10	GAIN ON SALE POB 1	0	24.10
24.11	CHANGE IN FAIR MARKET VALUE OF INTER	2,706,000	24.11
24.12	ROUNDING	306	24.12
24.50	COVID-19 PHE Funding	61,200	24.50
25.00	Total other income (sum of lines 6-24)	127,876,298	25.00
26.00	Total (line 5 plus line 25)	123,927,589	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)	123,927,589	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0029	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 9:29 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,889,017	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,045	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)		138.04	3.00
4.00	Number of interns & residents (see instructions)		11.73	4.00
5.00	Indirect medical education percentage (see instructions)		2.43	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)		70,203	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.96	8.00
9.00	Sum of lines 7 and 8		28.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.85	10.00
11.00	Disproportionate share adjustment (see instructions)		169,007	11.00
12.00	Total prospective capital payments (see instructions)		3,130,272	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