

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: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 11:52 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2022	Time: 11:52 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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE SHERMAN HOSPITAL (14-0030) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Michael Volante	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Michael Volante		2
3	Signatory Title	VICE PRESIDENT - REIMBURSEMENT		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,034,935	245,003	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	1,034,935	245,003	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: 14-0030		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:52 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:				1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE SHERMAN HOSPITAL	140030	20994	1	07/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 11:52 am

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:52 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.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:52 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	666,538		12,525,500		1,041,546118.01	
				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	

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		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE AURORA HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:52 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 11:52 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)	Y					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		03/21/2022		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			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	03/31/2022	Y	03/31/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 11:52 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNIFER	HANES		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE AURORA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 606-3983	JENNIFER.HANES@AAH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
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		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.	SR. REIMB. SPECIALIST	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: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 11:52 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	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 11:52 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)	15,745	1,122	44,164			1.00
2.00	HMO and other (see instructions)	9,582	5,571				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,745	1,122	44,164			7.00
8.00	INTENSIVE CARE UNIT	1,191	256	4,959			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,239	4,668			13.00
14.00	Total (see instructions)	16,936	3,617	53,791	0.00	1,053.92	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,053.92	27.00
28.00	Observation Bed Days		130	6,624			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	95	809			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: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 11:52 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	3,629	441	14,026	1.00
2.00 HMO and other (see instructions)			1,933	2,509		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,629	441	14,026	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 11:52 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	90,920,019	0	90,920,019	2,177,078.00	41.76	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		523,035	13,586	536,621	15,074.00	35.60	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		550,352	0	550,352	3,857.81	142.66	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		53,550	0	53,550	251.00	213.35	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		18,670,097	0	18,670,097	436,602.00	42.76	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,760,949	0	23,760,949			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		112,358	0	112,358			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		5,613,086	0	5,613,086			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 11:52 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	2,302,045	-2,302,045	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,142,194	159,557	6,301,751	144,777.00	43.53	27.00
28.00	Administrative & General under contract (see inst.)		1,078,594	0	1,078,594	5,807.08	185.74	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	323	8	331	5.00	66.20	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,211,265	31,465	1,242,730	22,165.00	56.07	38.00
39.00	Central Services and Supply	14.00	653,478	-653,478	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,640,324	94,565	3,734,889	76,185.00	49.02	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	1,820,317	47,287	1,867,604	35,409.00	52.74	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 11:52 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)	91,998,613	0	91,998,613	2,182,885.08	42.15	1.00
2.00	Excluded area salaries (see instructions)	523,035	13,586	536,621	15,074.00	35.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,475,578	-13,586	91,461,992	2,167,811.08	42.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,273,999	0	19,273,999	440,710.81	43.73	4.00
5.00	Subtotal wage-related costs (see inst.)	29,374,035	0	29,374,035	0.00	32.12	5.00
6.00	Total (sum of lines 3 thru 5)	140,123,612	-13,586	140,110,026	2,608,521.89	53.71	6.00
7.00	Total overhead cost (see instructions)	16,848,540	-2,622,641	14,225,899	284,348.08	50.03	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 11:52 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,523,448	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)	670,286	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	33,964	6.00
7.00	Employee Managed Care Program Administration Fees	826,026	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)	6,011,572	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,318,960	9.00
10.00	Dental, Hearing and Vision Plan	343,939	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,635	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)	898,918	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	613,500	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,490,381	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	44,160	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	158,124	21.00
22.00	Day Care Cost and Allowances	361,790	22.00
23.00	Tuition Reimbursement	518,604	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,873,307	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: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 11:52 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	550,352	23,873,307	1.00
2.00	Hospital	550,352	23,873,307	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 11:52 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)			0.207796 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	31,756,431		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	36,767		5.00
6.00	Medicaid charges	202,740,968		6.00
7.00	Medicaid cost (line 1 times line 6)	42,128,762		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)	10,335,564		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	1,118,790		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,335,564		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)	36,606,094	1,197,263	37,803,357 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,606,600	1,197,263	8,803,863 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)	7,606,600	1,197,263	8,803,863 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)	25,140,671		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	713,512		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,097,711		27.01
28.00	Non-Medicare bad debt expense (see instructions)	24,042,960		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,380,230		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	14,184,093		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	24,519,657		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,939,123	8,939,123	9,157,217	18,096,340	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,401,888	9,401,888	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,302,045	15,988,168	18,290,213	-2,319,877	15,970,336	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,147,817	14,147,817	-1,221	14,146,596	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	6,142,194	59,932,907	66,075,101	-1,621,142	64,453,959	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	4,498,507	4,498,507	6.00
7.00	00700	OPERATION OF PLANT	323	14,089,838	14,090,161	-4,688,173	9,401,988	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,123,303	1,123,303	-627	1,122,676	8.00
9.00	00900	HOUSEKEEPING	0	4,131,604	4,131,604	-121,391	4,010,213	9.00
10.00	01000	DIETARY	0	4,645,653	4,645,653	-2,284,274	2,361,379	10.00
11.00	01100	CAFETERIA	0	0	0	2,204,178	2,204,178	11.00
13.00	01300	NURSING ADMINISTRATION	1,211,265	675,527	1,886,792	-271,069	1,615,723	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	653,478	3,563,421	4,216,899	-2,442,527	1,774,372	14.00
15.00	01500	PHARMACY	3,640,324	22,992,156	26,632,480	-20,392,514	6,239,966	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	111,044	111,044	0	111,044	16.00
17.00	01700	SOCIAL SERVICE	1,820,317	192,722	2,013,039	47,287	2,060,326	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	206,079	26,844	232,923	5,353	238,276	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,728,901	5,075,467	29,804,368	-687,597	29,116,771	30.00
31.00	03100	INTENSIVE CARE UNIT	4,636,509	2,413,292	7,049,801	-152,303	6,897,498	31.00
43.00	04300	NURSERY	1,509,467	361,053	1,870,520	-575	1,869,945	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,119,566	21,635,712	27,755,278	-14,819,035	12,936,243	50.00
51.00	05100	RECOVERY ROOM	3,970,682	741,751	4,712,433	-12,523	4,699,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,461,638	2,073,460	6,535,098	-169,525	6,365,573	52.00
53.00	05300	ANESTHESIOLOGY	167,356	4,657,597	4,824,953	-193,674	4,631,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,623,935	10,801,070	17,425,005	-8,497,979	8,927,026	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,316	1,351,859	1,995,175	-734,177	1,260,998	55.00
57.00	05700	CT SCAN	1,336,787	1,241,419	2,578,206	-789,086	1,789,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	611,778	825,525	1,437,303	-546,019	891,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032,258	8,543,712	9,575,970	-7,625,232	1,950,738	59.00
60.00	06000	LABORATORY	459,309	13,559,598	14,018,907	-943,356	13,075,551	60.00
64.00	06400	INTRAVENOUS THERAPY	1,498,091	642,223	2,140,314	780,417	2,920,731	64.00
65.00	06500	RESPIRATORY THERAPY	1,807,252	1,404,545	3,211,797	-567,391	2,644,406	65.00
66.00	06600	PHYSICAL THERAPY	3,513,355	506,623	4,019,978	79,634	4,099,612	66.00
69.00	06900	ELECTROCARDIOLOGY	1,597,247	524,445	2,121,692	37,839	2,159,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	406,115	433,573	839,688	-61,859	777,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,844,105	15,844,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,513,777	16,513,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,393,035	20,393,035	73.00
74.00	07400	RENAL DIALYSIS	0	982,175	982,175	0	982,175	74.00
76.00	03950	WOUND CARE CENTER	476,681	244,344	721,025	-65,834	655,191	76.00
76.01	03951	DIABETIC CENTER	264,142	28,629	292,771	6,862	299,633	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	276,511	190,584	467,095	784	467,879	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,171,008	6,281,799	14,452,807	186,107	14,638,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	315,134	64,984	380,118	8,186	388,304	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		9,157,217	9,157,217	-9,157,217	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,603,063	244,302,783	334,905,846	-1,021	334,904,825	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,723	716,558	822,281	-3,631	818,650	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	113,998	10,358	124,356	2,961	127,317	194.00
194.01	07951	PHYSICIAN REFERRAL	562	100,681	101,243	-820	100,423	194.01
194.02	07952	HMR PROGRAM	96,673	14,113	110,786	2,511	113,297	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	90,920,019	245,144,493	336,064,512	0	336,064,512	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/26/2022 11:52 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	183,319	18,279,659	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,051,468	11,453,356	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,372,026	20,342,362	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,146,596	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-28,957,125	35,496,834	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,498,507	6.00
7.00	00700	OPERATION OF PLANT	-54,206	9,347,782	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,122,676	8.00
9.00	00900	HOUSEKEEPING	0	4,010,213	9.00
10.00	01000	DIETARY	-12,786	2,348,593	10.00
11.00	01100	CAFETERIA	-484,816	1,719,362	11.00
13.00	01300	NURSING ADMINISTRATION	-3,425	1,612,298	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2	1,774,370	14.00
15.00	01500	PHARMACY	-148	6,239,818	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	111,044	16.00
17.00	01700	SOCIAL SERVICE	-41,229	2,019,097	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	-17,090	221,186	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-920,347	28,196,424	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,897,498	31.00
43.00	04300	NURSERY	-24,913	1,845,032	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-815,628	12,120,615	50.00
51.00	05100	RECOVERY ROOM	0	4,699,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-810,269	5,555,304	52.00
53.00	05300	ANESTHESIOLOGY	-4,236,495	394,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-902,452	8,024,574	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-16,224	1,244,774	55.00
57.00	05700	CT SCAN	-18,472	1,770,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	891,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,950,738	59.00
60.00	06000	LABORATORY	-175,663	12,899,888	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,920,731	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,644,406	65.00
66.00	06600	PHYSICAL THERAPY	-705	4,098,907	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,159,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	289	778,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,844,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,513,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,393,035	73.00
74.00	07400	RENAL DIALYSIS	-330	981,845	74.00
76.00	03950	WOUND CARE CENTER	-257	654,934	76.00
76.01	03951	DIABETIC CENTER	0	299,633	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	467,879	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,663,519	12,975,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	388,304	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	388,304	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,548,999	302,355,826	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-18,568	800,082	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	127,317	194.00
194.01	07951	PHYSICIAN REFERRAL	0	100,423	194.01
194.02	07952	HMR PROGRAM	-80,172	33,125	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-32,647,739	303,416,773	200.00

RECLASSIFICATIONS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 11:52 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,844,105		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.00	0	31,861		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
			0	15,875,966		
B - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,393,035		1.00
			0	20,393,035		
C - IMPLANTABLE DEVICES CHARGED TO PATS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,513,777		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
			0	16,513,777		
D - MAINTENANCE & REPAIRS						
1.00	MAINTENANCE & REPAIRS	6.00	0	4,498,507		1.00
			0	4,498,507		
E - STERILE PROCESSING						
1.00	OPERATING ROOM	50.00	241,921	521,549		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	43,937	94,722		2.00
3.00	ELECTROCARDIOLOGY	69.00	68,023	146,649		3.00
4.00	CARDIAC CATHETERIZATION	59.00	119,644	257,935		4.00
5.00	EMERGENCY	91.00	179,953	387,955		5.00
			653,478	1,408,810		
F - CAFETERIA						
1.00	CAFETERIA	11.00	0	2,204,178		1.00
			0	2,204,178		
G - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,157,217		1.00
			0	9,157,217		
H - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,401,888		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

RECLASSIFICATIONS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 11:52 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
			0	9,401,888		
	I - PTO/BONUS/INCENTIVE					
1.00	ADMINISTRATIVE AND GENERAL	5.06	159,557	0		1.00
2.00	OPERATION OF PLANT	7.00	8	0		2.00
3.00	NURSING ADMINISTRATION	13.00	31,465	0		3.00
4.00	PHARMACY	15.00	94,565	0		4.00
5.00	SOCIAL SERVICE	17.00	47,287	0		5.00
6.00	PARAMED ED PRGM- PASTORAL	23.00	5,353	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	642,387	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	120,443	0		8.00
9.00	NURSERY	43.00	39,212	0		9.00
10.00	OPERATING ROOM	50.00	165,254	0		10.00
11.00	RECOVERY ROOM	51.00	103,147	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	117,042	0		12.00
13.00	ANESTHESIOLOGY	53.00	4,347	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	172,071	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	16,712	0		15.00
16.00	CT SCAN	57.00	34,726	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	15,892	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	29,923	0		18.00
19.00	LABORATORY	60.00	11,932	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	38,916	0		20.00
21.00	RESPIRATORY THERAPY	65.00	46,947	0		21.00
22.00	PHYSICAL THERAPY	66.00	91,267	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	43,259	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	10,550	0		24.00
25.00	WOUND CARE CENTER	76.00	12,383	0		25.00
26.00	DIABETIC CENTER	76.01	6,862	0		26.00
27.00	HMR PROGRAM	194.02	2,511	0		27.00
28.00	CARDIAC REHABILITATION	76.97	7,183	0		28.00
29.00	EMERGENCY	91.00	216,936	0		29.00
30.00	ANTICOAGULATION CLINIC	93.00	8,186	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,746	0		31.00
32.00	ACLS	194.00	2,961	0		32.00
33.00	PHYSICIAN REFERRAL	194.01	15	0		33.00
			2,302,045	0		
	J - RECLASS OP PROCEDURE COSTS					
1.00	INTRAVENOUS THERAPY	64.00	758,114	155,599		1.00
			758,114	155,599		
500.00	Grand Total: Increases		3,713,637	79,608,977		500.00

RECLASSIFICATIONS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 11:52 am

		Decreases					5/26/2022 11:52 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BILLABLE MEDICAL SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	7,145	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	302,062	0		2.00
3.00	PHARMACY	15.00	0	22,460	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	311,450	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	241,909	0		5.00
6.00	NURSERY	43.00	0	23,302	0		6.00
7.00	OPERATING ROOM	50.00	0	5,085,086	0		7.00
8.00	RECOVERY ROOM	51.00	0	65,945	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	311,957	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	195,208	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,975,812	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,425	0		12.00
13.00	CT SCAN	57.00	0	316,343	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	189,539	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,890,683	0		15.00
16.00	LABORATORY	60.00	0	740,062	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	150,872	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	518,659	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	2,379	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	6,729	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	45,887	0		21.00
22.00	WOUND CARE CENTER	76.00	0	34,184	0		22.00
23.00	EMERGENCY	91.00	0	429,868	0		23.00
	0		0	15,875,966			
	B - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	20,393,035	0		1.00
	0		0	20,393,035			
	C - IMPLANTABLE DEVICES CHARGED TO PATS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,823	0		1.00
2.00	PHARMACY	15.00	0	4,236	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	7,297	0		3.00
4.00	OPERATING ROOM	50.00	0	8,568,896	0		4.00
5.00	RECOVERY ROOM	51.00	0	311	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,840	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	2,346	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,266,875	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	4,480,412	0		9.00
10.00	LABORATORY	60.00	0	129,564	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	60	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	614	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	204	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	90	0		14.00
15.00	WOUND CARE CENTER	76.00	0	38,580	0		15.00
16.00	EMERGENCY	91.00	0	5,629	0		16.00
	0		0	16,513,777			
	D - MAINTENANCE & REPAIRS						
1.00	OPERATION OF PLANT	7.00	0	4,498,507	0		1.00
	0		0	4,498,507			
	E - STERILE PROCESSING						
1.00	CENTRAL SERVICES & SUPPLY	14.00	653,478	1,408,810	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		653,478	1,408,810			
	F - CAFETERIA						
1.00	DIETARY	10.00	0	2,204,178	0		1.00
	0		0	2,204,178			
	G - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	9,157,217	11		1.00
	0		0	9,157,217			
	H - DEPRECIATION						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,221	9		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,812,560	0		2.00
3.00	OPERATION OF PLANT	7.00	0	189,674	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	627	0		4.00
5.00	HOUSEKEEPING	9.00	0	121,391	0		5.00
6.00	DIETARY	10.00	0	80,096	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	295,389	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	72,354	0		8.00
9.00	PHARMACY	15.00	0	67,348	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	ADULTS & PEDIATRICS	30.00	0	104,821	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	23,540	0		11.00
12.00	NURSERY	43.00	0	16,485	0		12.00
13.00	OPERATING ROOM	50.00	0	2,093,777	0		13.00
14.00	RECOVERY ROOM	51.00	0	49,414	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	110,429	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	467	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,427,363	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	742,464	0		18.00
19.00	CT SCAN	57.00	0	507,469	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	372,372	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	661,639	0		21.00
22.00	LABORATORY	60.00	0	85,662	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	21,280	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	95,679	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	8,640	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	213,159	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,432	0		27.00
28.00	WOUND CARE CENTER	76.00	0	5,453	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	6,399	0		29.00
30.00	EMERGENCY	91.00	0	163,240	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,377	0		31.00
32.00	PHYSICIAN REFERRAL	194.01	0	835	0		32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,832	0		33.00
	0		0	9,401,888			
I - PTO/BONUS/INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,302,045	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
	0		2,302,045	0			
J - RECLASS OP PROCEDURE COSTS							
1.00	ADULTS & PEDIATRICS	30.00	758,114	155,599	0		1.00
	0		758,114	155,599			
500.00	Grand Total: Decreases		3,713,637	79,608,977			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 11:52 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,720,000	0	0	0	0	1.00
2.00	Land Improvements	7,309,390	32,314	0	32,314	0	2.00
3.00	Buildings and Fixtures	234,799,196	2,793,280	0	2,793,280	0	3.00
4.00	Building Improvements	3,885,148	0	0	0	0	4.00
5.00	Fixed Equipment	6,043,413	0	0	0	23,148	5.00
6.00	Movable Equipment	92,168,988	1,187,404	0	1,187,404	15,055,442	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	352,926,135	4,012,998	0	4,012,998	15,078,590	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	352,926,135	4,012,998	0	4,012,998	15,078,590	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	8,720,000	0				1.00
2.00	Land Improvements	7,341,704	24,675				2.00
3.00	Buildings and Fixtures	237,592,476	9,353,853				3.00
4.00	Building Improvements	3,885,148	760,101				4.00
5.00	Fixed Equipment	6,020,265	2,998,648				5.00
6.00	Movable Equipment	78,300,950	21,896,776				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	341,860,543	35,034,053				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	341,860,543	35,034,053				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 11:52 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	8,939,123	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,939,123	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	8,939,123				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,939,123				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 11:52 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	248,819,328	0	248,819,328	0.746890	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	84,321,215	0	84,321,215	0.253110	0	2.00
3.00	Total (sum of lines 1-2)	333,140,543	0	333,140,543	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	10,256,142	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,593,331	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,849,473	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	7,659,013	0	0	364,504	18,279,659	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,860,025	11,453,356	2.00
3.00	Total (sum of lines 1-2)	7,659,013	0	0	2,224,529	29,733,015	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/26/2022 11:52 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,498,204	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		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	-44,000	ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-54,000	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	-8,534,744			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	-408,761			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-484,816	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		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-82,729	ADMINISTRATIVE AND GENERAL	5.06	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,317,019	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	191,443	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-905,119	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
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-17,483,538	ADMINISTRATIVE AND GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.01	ANSWERING SERVICE INCOME		0			0.00	0	33.01
33.02	BILLING SERVICE INCOME	B	0	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	33.02
33.03	MANAGEMENT SERVICE INCOME	B	0	ADMINISTRATIVE AND GENERAL		5.06	0	33.03
33.04	LAB SERVICE INCOME	B	0	LABORATORY		60.00	0	33.04
33.05	MISC OPERATION OF PLANT	B	-206	OPERATION OF PLANT		7.00	0	33.05
33.06	MISC A&G INCOME	B	-251,848	ADMINISTRATIVE AND GENERAL		5.06	0	33.06
33.09	MISC DIETARY INCOME	B	-12,786	DIETARY		10.00	0	33.09
33.10	MISC OPERATING ROOM	B	0	OPERATING ROOM		50.00	0	33.10
33.11	MISC NURSING ADMIN INCOME	B	0	NURSING ADMINISTRATION		13.00	0	33.11
33.12	MISC PHARMACY INCOME	B	289	ELECTROENCEPHALOGRAPHY		70.00	0	33.12
33.13	MISC ADULT & PEDI INCOME	B	-15,228	ADULTS & PEDIATRICS		30.00	0	33.13
33.15	MISC RADIOLOGY INCOME	B	-6,153	RADIOLOGY-DIAGNOSTIC		54.00	0	33.15
33.16	MISC LAB REVENUE	B	0	LABORATORY		60.00	0	33.16
33.17	MISC RAD ONCOLOGY REVENUE	B	0	ADMINISTRATIVE AND GENERAL		5.06	0	33.17
33.18	MISC PT REVENUE	B	-180	PHYSICAL THERAPY		66.00	0	33.18
33.19	MISC PARAMED EDUCATION REVENUE	B	-96,469	EMERGENCY		91.00	0	33.19
33.20	MISC EDUCATION INCOME	B	-80,172	HMR PROGRAM		194.02	0	33.20
33.21	MISC CARDIAC REHAB REVENUE	B	0	CARDIAC REHABILITATION		76.97	0	33.21
33.22	MISC ER REVENUE	B	-57,232	EMERGENCY		91.00	0	33.22
33.23	MISC DIABETES REVENUE	B	-17,090	PARAMED ED PRGM- PASTORAL		23.00	0	33.23
33.26	MISC EMPLOYEE BENEFIT REVENUE	B	-320,100	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.26
34.00	MISC NON-ALLOW EXP - EMP BENEFIT	A	-756	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-3,684,365	ADMINISTRATIVE AND GENERAL		5.06	0	34.01
34.02	MISC NON-ALLOW EXP - WOUND CARE	A	-257	WOUND CARE CENTER		76.00	0	34.02
34.03	MISC NON-ALLOW EXP -NURSING ADMIN	A	-3,425	NURSING ADMINISTRATION		13.00	0	34.03
34.04	MISC NON-ALLOW EXP -OPERATION OF PLA	A	-506	OPERATING ROOM		50.00	0	34.04
34.05	MISC NON-ALLOW EXP - PT	A	-525	PHYSICAL THERAPY		66.00	0	34.05
34.06	MISC NON-ALLOW EXP -DIABETES CENTER	A	-148	PHARMACY		15.00	0	34.06
34.07	MISC NON-ALLOW EXP -CENTRAL SUPPLY	A	-2	CENTRAL SERVICES & SUPPLY		14.00	0	34.07
34.08	MISC NON-ALLOW EXP - SOCIAL SERVICE	A	-41,229	SOCIAL SERVICE		17.00	0	34.08
34.09	MISC NON-ALLOW EXP - ER	A	-6,536	EMERGENCY		91.00	0	34.09
34.10	MISC NON-ALLOW EXP - PHYS REFERRAL	A	0	PHYSICIAN REFERRAL		194.01	0	34.10
34.11	MISC NON-ALLOW EXP -CARDIAC REHAB	A	0	CARDIAC REHABILITATION		76.97	0	34.11
34.14	MISC NON-ALLOW EXP -GIFT	A	-18,568	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0	34.14
34.15	MISC NON-ALLOW EXP -ACLS	A	0	ACLS		194.00	0	34.15
34.16	LOBBYING FEES	A	-46,798	ADMINISTRATIVE AND GENERAL		5.06	0	34.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,647,739					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 11:52 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDING & FIXTURE	364,504	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,860,025	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	4,692,882	0 3.00
4.00		5.00	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	14,566,133	0 4.00
4.01		5.00	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENER	7,661,199	29,553,504 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				29,144,743	29,553,504 5.00

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

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

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

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

6.00	G		0.00	ADVOCATE AURORA	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SOLE COPR BD MB				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8-1 Date/Time Prepared: 5/26/2022 11:52 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	364,504	14		1.00
2.00	1,860,025	14		2.00
3.00	4,692,882	0		3.00
4.00	14,566,133	0		4.00
4.01	-21,892,305	0		4.01
5.00	-408,761			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 11:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	37,675	37,675	0	211,500	0	1.00
2.00	43.00	NURSERY	24,913	24,913	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	815,122	815,122	0	246,400	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	810,269	810,269	0	237,100	0	4.00
5.00	53.00	ANESTHESIOLOGY	4,236,495	4,236,495	0	239,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	896,299	896,299	0	271,900	0	6.00
7.00	60.00	LABORATORY	175,663	175,663	0	260,300	0	7.00
8.00	91.00	EMERGENCY	1,503,282	1,503,282	0	211,500	0	8.00
9.00	57.00	CT SCAN	18,472	18,472	0	211,500	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	16,224	16,224	0	211,500	0	10.00
11.00	74.00	RENAL DIALYSIS	330	330	0	211,500	0	11.00
200.00			8,534,744	8,534,744	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	43.00	NURSERY	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE AND GENERAL	0	0	0	37,675		1.00
2.00	43.00	NURSERY	0	0	0	24,913		2.00
3.00	50.00	OPERATING ROOM	0	0	0	815,122		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	810,269		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	4,236,495		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	896,299		6.00
7.00	60.00	LABORATORY	0	0	0	175,663		7.00
8.00	91.00	EMERGENCY	0	0	0	1,503,282		8.00
9.00	57.00	CT SCAN	0	0	0	18,472		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	16,224		10.00
11.00	74.00	RENAL DIALYSIS	0	0	0	330		11.00
200.00			0	0	0	8,534,744		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,279,659	18,279,659			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,453,356		11,453,356		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,342,362	137,706	20,767	20,500,835	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	14,146,596	0	4,034	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	35,496,834	1,206,265	2,246,386	1,420,931	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,498,507	318,475	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,347,782	2,883,816	225,549	75	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,122,676	172,758	988	0	8.00
9.00	00900	HOUSEKEEPING	4,010,213	205,593	182,667	0	9.00
10.00	01000	DIETARY	2,348,593	315,625	116,025	0	10.00
11.00	01100	CAFETERIA	1,719,362	234,217	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,612,298	69,217	340,885	280,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,774,370	336,682	96,163	0	14.00
15.00	01500	PHARMACY	6,239,818	197,804	178,206	842,150	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111,044	53,544	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,019,097	0	0	421,111	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	221,186	1,457	0	47,674	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,196,424	4,474,069	140,322	5,549,838	30.00
31.00	03100	INTENSIVE CARE UNIT	6,897,498	699,517	30,824	1,072,607	31.00
43.00	04300	NURSERY	1,845,032	220,444	21,677	349,199	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,120,615	1,278,902	2,441,638	1,471,663	50.00
51.00	05100	RECOVERY ROOM	4,699,910	350,107	58,355	918,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,555,304	587,522	137,379	1,042,317	52.00
53.00	05300	ANESTHESIOLOGY	394,784	0	538	38,716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,024,574	766,075	2,448,773	1,532,377	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,244,774	287,064	856,292	148,824	55.00
57.00	05700	CT SCAN	1,770,648	108,892	585,057	309,251	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	891,284	104,902	558,757	141,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,950,738	445,289	212	266,480	59.00
60.00	06000	LABORATORY	12,899,888	514,981	91,699	106,256	60.00
64.00	06400	INTRAVENOUS THERAPY	2,920,731	354,477	27,103	517,508	64.00
65.00	06500	RESPIRATORY THERAPY	2,644,406	146,920	121,817	418,088	65.00
66.00	06600	PHYSICAL THERAPY	4,098,907	215,694	13,601	812,777	66.00
69.00	06900	ELECTROCARDIOLOGY	2,159,531	179,091	251,171	385,243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	778,118	220,285	30,456	93,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,844,105	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,513,777	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,393,035	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	981,845	28,877	0	0	74.00
76.00	03950	WOUND CARE CENTER	654,934	27,484	6,434	110,275	76.00
76.01	03951	DIABETIC CENTER	299,633	0	0	61,107	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	467,879	0	7,373	63,968	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,975,395	1,029,233	201,688	1,931,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	ANTICOAGULATION CLINIC	388,304	0	0	72,903	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,355,826	18,172,984	11,442,836	20,427,511	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	800,082	106,675	7,349	24,458	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	127,317	0	0	26,372	194.00
194.01	07951	PHYSICIAN REFERRAL	100,423	0	3,171	130	194.01
194.02	07952	HMR PROGRAM	33,125	0	0	22,364	194.02
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)	303,416,773	18,279,659	11,453,356	20,500,835	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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5/26/2022 11:52 am

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	40,370,416	40,370,416				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,816,982	739,277	5,556,259			6.00
7.00	00700	OPERATION OF PLANT	12,457,222	1,911,847	964,255	15,333,324		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,296,422	198,966	57,765	192,884	1,746,037	8.00
9.00	00900	HOUSEKEEPING	4,398,473	675,047	68,744	229,545	0	9.00
10.00	01000	DIETARY	2,780,243	426,692	105,535	352,395	0	10.00
11.00	01100	CAFETERIA	1,953,579	299,822	78,315	261,503	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,302,613	353,389	23,144	77,281	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,207,215	338,748	112,575	375,905	173	14.00
15.00	01500	PHARMACY	7,457,978	1,144,598	66,139	220,848	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	164,588	25,260	17,903	59,781	0	16.00
17.00	01700	SOCIAL SERVICE	2,440,208	374,506	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	270,317	41,486	487	1,626	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,228,620	6,173,909	1,495,983	4,995,293	624,967	30.00
31.00	03100	INTENSIVE CARE UNIT	9,087,591	1,394,700	233,896	781,011	108,032	31.00
43.00	04300	NURSERY	2,535,559	389,140	73,709	246,125	8,985	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,298,267	2,808,290	427,624	1,427,893	218,207	50.00
51.00	05100	RECOVERY ROOM	6,429,753	986,793	117,064	390,894	57,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,621,334	1,169,669	196,449	655,968	133,705	52.00
53.00	05300	ANESTHESIOLOGY	694,223	106,544	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,914,364	2,135,479	256,151	855,322	96,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,822,817	433,226	95,985	320,507	0	55.00
57.00	05700	CT SCAN	4,041,445	620,253	36,410	121,578	58,307	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,013,809	309,065	35,076	117,123	20,751	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,054,200	468,737	148,890	497,164	38,593	59.00
60.00	06000	LABORATORY	15,220,037	2,335,865	172,193	574,975	130	60.00
64.00	06400	INTRAVENOUS THERAPY	3,939,775	604,649	118,526	395,773	21,799	64.00
65.00	06500	RESPIRATORY THERAPY	3,558,343	546,110	49,125	164,036	0	65.00
66.00	06600	PHYSICAL THERAPY	5,384,633	826,396	72,121	240,822	104,873	66.00
69.00	06900	ELECTROCARDIOLOGY	3,339,529	512,528	59,882	199,955	13,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,171,469	179,789	73,656	245,948	5,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,257,756	2,495,127	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,979,576	2,605,906	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,108,847	3,393,111	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,039,192	159,488	9,656	32,242	0	74.00
76.00	03950	WOUND CARE CENTER	820,983	125,999	9,190	30,686	1,858	76.00
76.01	03951	DIABETIC CENTER	366,655	56,272	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	551,739	84,677	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,285,721	2,652,891	344,142	1,149,138	231,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	482,814	74,099	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,165,307	40,178,350	5,520,590	15,214,221	1,746,037	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	938,564	144,044	35,669	119,103	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	153,689	23,587	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	103,724	15,919	0	0	0	194.01
194.02	07952	HMR PROGRAM	55,489	8,516	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	303,416,773	40,370,416	5,556,259	15,333,324	1,746,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,371,809					9.00
10.00	01000	DIETARY	126,954	3,791,819				10.00
11.00	01100	CAFETERIA	94,209	0	2,687,428			11.00
13.00	01300	NURSING ADMINISTRATION	27,841	0	29,094	2,813,362		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	135,424	0	0	0	3,170,040	14.00
15.00	01500	PHARMACY	79,563	0	100,002	0	5,898	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,537	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	46,479	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	586	0	9,627	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,799,606	3,531,423	844,674	1,178,666	110,836	30.00
31.00	03100	INTENSIVE CARE UNIT	281,367	225,106	146,888	204,969	45,005	31.00
43.00	04300	NURSERY	88,669	0	39,552	55,191	1,773	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	514,414	0	218,234	304,527	93,570	50.00
51.00	05100	RECOVERY ROOM	140,824	0	130,437	182,013	5,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	236,320	0	132,628	185,070	13,619	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,036	0	5,181	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	308,139	0	185,163	0	25,553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	115,466	0	18,911	0	3,110	55.00
57.00	05700	CT SCAN	43,800	0	38,453	0	1,823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	42,195	0	18,358	0	1,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	179,109	0	33,402	46,610	16,223	59.00
60.00	06000	LABORATORY	207,141	0	13,171	0	2,336	60.00
64.00	06400	INTRAVENOUS THERAPY	142,581	0	79,412	110,813	3,231	64.00
65.00	06500	RESPIRATORY THERAPY	59,096	0	56,348	78,629	3,742	65.00
66.00	06600	PHYSICAL THERAPY	86,759	0	105,889	0	1,784	66.00
69.00	06900	ELECTROCARDIOLOGY	72,036	0	49,024	0	1,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,606	0	16,011	0	642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,363,813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,421,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,615	0	0	0	1	74.00
76.00	03950	WOUND CARE CENTER	11,055	0	14,927	0	7,471	76.00
76.01	03951	DIABETIC CENTER	0	0	8,972	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	8,024	11,197	362	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	413,989	35,290	317,265	442,716	33,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	9,288	12,961	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,328,901	3,791,819	2,677,269	2,813,362	3,170,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,908	0	6,647	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	3,242	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	270	0	0	194.01
194.02	07952	HMR PROGRAM	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,371,809	3,791,819	2,687,428	2,813,362	3,170,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- PASTORAL	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	9,075,026					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	289,069				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,861,193			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	0	324,129		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,161	38,222	2,674,159	129,394	63,828,913	30.00
31.00	03100	INTENSIVE CARE UNIT	227	7,907	129,242	51,246	12,697,187	31.00
43.00	04300	NURSERY	0	2,026	38,878	5,125	3,484,732	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,741	20,126	0	24,342	24,358,235	50.00
51.00	05100	RECOVERY ROOM	82	8,226	1,051	0	8,450,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15	6,103	12,609	0	10,363,489	52.00
53.00	05300	ANESTHESIOLOGY	37,107	5,314	0	0	855,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,334	0	34,591	17,834,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8	5,838	0	0	3,815,868	55.00
57.00	05700	CT SCAN	0	25,888	0	0	4,987,957	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,481	0	0	2,564,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,995	0	0	4,490,923	59.00
60.00	06000	LABORATORY	0	32,824	0	0	18,558,672	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,450	0	1,281	5,420,290	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,638	0	0	4,520,067	65.00
66.00	06600	PHYSICAL THERAPY	0	4,976	0	0	6,828,253	66.00
69.00	06900	ELECTROCARDIOLOGY	34,830	7,444	0	0	4,289,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	994	0	0	1,782,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,448	0	0	20,125,144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,513	0	0	21,016,438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,990,423	35,042	0	0	34,527,423	73.00
74.00	07400	RENAL DIALYSIS	0	581	0	0	1,252,775	74.00
76.00	03950	WOUND CARE CENTER	2,853	446	0	0	1,025,468	76.00
76.01	03951	DIABETIC CENTER	0	121	0	0	432,020	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	256	0	0	656,255	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,579	23,435	5,254	78,150	23,017,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	441	0	0	579,603	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,075,026	289,069	2,861,193	324,129	301,765,402	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,286,935	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	180,518	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	0	119,913	194.01
194.02	07952	HMR PROGRAM	0	0	0	0	64,005	194.02
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)	9,075,026	289,069	2,861,193	324,129	303,416,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:52 am

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
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	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
23.00	02300	PARAMED ED PRGM- PASTORAL			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	63,828,913	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,697,187	31.00
43.00	04300	NURSERY	0	3,484,732	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	24,358,235	50.00
51.00	05100	RECOVERY ROOM	0	8,450,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,363,489	52.00
53.00	05300	ANESTHESIOLOGY	0	855,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,834,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,815,868	55.00
57.00	05700	CT SCAN	0	4,987,957	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,564,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,490,923	59.00
60.00	06000	LABORATORY	0	18,558,672	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,420,290	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,520,067	65.00
66.00	06600	PHYSICAL THERAPY	0	6,828,253	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,289,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,782,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,125,144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,016,438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,527,423	73.00
74.00	07400	RENAL DIALYSIS	0	1,252,775	74.00
76.00	03950	WOUND CARE CENTER	0	1,025,468	76.00
76.01	03951	DIABETIC CENTER	0	432,020	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	656,255	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	23,017,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	579,603	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	301,765,402	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,286,935	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	180,518	194.00
194.01	07951	PHYSICIAN REFERRAL	0	119,913	194.01
194.02	07952	HMR PROGRAM	0	64,005	194.02
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)	0	303,416,773	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	137,706	20,767	158,473	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	58,410	0	4,034	62,444	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	869,652	1,206,265	2,246,386	4,322,303	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	318,475	0	318,475	6.00
7.00	00700	OPERATION OF PLANT	0	2,883,816	225,549	3,109,365	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	172,758	988	173,746	8.00
9.00	00900	HOUSEKEEPING	0	205,593	182,667	388,260	9.00
10.00	01000	DIETARY	0	315,625	116,025	431,650	10.00
11.00	01100	CAFETERIA	0	234,217	0	234,217	11.00
13.00	01300	NURSING ADMINISTRATION	220,701	69,217	340,885	630,803	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	336,682	96,163	432,845	14.00
15.00	01500	PHARMACY	0	197,804	178,206	376,010	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,544	0	53,544	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	1,457	0	1,457	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,174	4,474,069	140,322	4,626,565	30.00
31.00	03100	INTENSIVE CARE UNIT	0	699,517	30,824	730,341	31.00
43.00	04300	NURSERY	0	220,444	21,677	242,121	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,143	1,278,902	2,441,638	3,775,683	50.00
51.00	05100	RECOVERY ROOM	0	350,107	58,355	408,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	587,522	137,379	724,901	52.00
53.00	05300	ANESTHESIOLOGY	0	0	538	538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	288,874	766,075	2,448,773	3,503,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	287,064	856,292	1,143,356	55.00
57.00	05700	CT SCAN	9	108,892	585,057	693,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	112,332	104,902	558,757	775,991	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	445,289	212	445,501	59.00
60.00	06000	LABORATORY	0	514,981	91,699	606,680	60.00
64.00	06400	INTRAVENOUS THERAPY	880	354,477	27,103	382,460	64.00
65.00	06500	RESPIRATORY THERAPY	91,892	146,920	121,817	360,629	65.00
66.00	06600	PHYSICAL THERAPY	0	215,694	13,601	229,295	66.00
69.00	06900	ELECTROCARDIOLOGY	0	179,091	251,171	430,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,441	220,285	30,456	254,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	28,877	0	28,877	74.00
76.00	03950	WOUND CARE CENTER	0	27,484	6,434	33,918	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	148,999	0	7,373	156,372	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	110,706	1,029,233	201,688	1,341,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,973,213	18,172,984	11,442,836	31,589,033	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	106,675	7,349	114,024	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	88,643	0	3,171	91,814	194.01
194.02	07952	HMR PROGRAM	0	0	0	0	194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,061,856	18,279,659	11,453,356	31,794,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	62,444					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	4,333,287				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	79,350	397,825			6.00
7.00	00700	OPERATION OF PLANT	0	205,208	69,040	3,383,614		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	21,356	4,136	42,564	241,802	8.00
9.00	00900	HOUSEKEEPING	0	72,456	4,922	50,654	0	9.00
10.00	01000	DIETARY	0	45,799	7,556	77,763	0	10.00
11.00	01100	CAFETERIA	0	32,181	5,607	57,706	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	37,931	1,657	17,054	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36,359	8,060	82,951	24	14.00
15.00	01500	PHARMACY	0	122,855	4,736	48,735	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,711	1,282	13,192	0	16.00
17.00	01700	SOCIAL SERVICE	0	40,198	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	4,453	35	359	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,241	662,810	107,112	1,102,312	86,548	30.00
31.00	03100	INTENSIVE CARE UNIT	1,708	149,700	16,747	172,346	14,961	31.00
43.00	04300	NURSERY	438	41,768	5,278	54,313	1,244	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,349	301,427	30,618	315,094	30,219	50.00
51.00	05100	RECOVERY ROOM	1,778	105,917	8,382	86,259	7,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,319	125,546	14,066	144,753	18,516	52.00
53.00	05300	ANESTHESIOLOGY	1,148	11,436	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,042	229,211	18,340	188,744	13,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,262	46,500	6,872	70,726	0	55.00
57.00	05700	CT SCAN	5,594	66,575	2,607	26,829	8,075	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,400	33,173	2,511	25,846	2,874	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,728	50,312	10,660	109,710	5,345	59.00
60.00	06000	LABORATORY	7,093	250,720	12,329	126,880	18	60.00
64.00	06400	INTRAVENOUS THERAPY	529	64,900	8,486	87,335	3,019	64.00
65.00	06500	RESPIRATORY THERAPY	1,002	58,617	3,517	36,198	0	65.00
66.00	06600	PHYSICAL THERAPY	1,075	88,701	5,164	53,142	14,524	66.00
69.00	06900	ELECTROCARDIOLOGY	1,608	55,012	4,288	44,124	1,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215	19,298	5,274	54,274	776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,825	267,814	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,056	279,705	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,572	364,199	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	126	17,119	691	7,115	0	74.00
76.00	03950	WOUND CARE CENTER	96	13,524	658	6,772	257	76.00
76.01	03951	DIABETIC CENTER	26	6,040	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	55	9,089	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,064	284,748	24,640	253,581	32,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	95	7,953	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,444	4,312,671	395,271	3,357,331	241,802	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,461	2,554	26,283	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	2,532	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	1,709	0	0	0	194.01
194.02	07952	HMR PROGRAM	0	914	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	62,444	4,333,287	397,825	3,383,614	241,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	516,292					9.00
10.00	01000	DIETARY	12,202	574,970				10.00
11.00	01100	CAFETERIA	9,055	0	338,766			11.00
13.00	01300	NURSING ADMINISTRATION	2,676	0	3,668	695,955		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,016	0	0	0	573,255	14.00
15.00	01500	PHARMACY	7,647	0	12,606	0	1,067	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,070	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,859	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	56	0	1,214	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,960	535,485	106,475	291,573	20,043	30.00
31.00	03100	INTENSIVE CARE UNIT	27,043	34,134	18,516	50,704	8,139	31.00
43.00	04300	NURSERY	8,522	0	4,986	13,653	321	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,441	0	27,510	75,332	16,921	50.00
51.00	05100	RECOVERY ROOM	13,535	0	16,442	45,025	1,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,713	0	16,718	45,782	2,463	52.00
53.00	05300	ANESTHESIOLOGY	0	0	887	0	937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,616	0	23,341	0	4,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,098	0	2,384	0	562	55.00
57.00	05700	CT SCAN	4,210	0	4,847	0	330	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,055	0	2,314	0	328	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,214	0	4,211	11,530	2,934	59.00
60.00	06000	LABORATORY	19,909	0	1,660	0	422	60.00
64.00	06400	INTRAVENOUS THERAPY	13,704	0	10,010	27,412	584	64.00
65.00	06500	RESPIRATORY THERAPY	5,680	0	7,103	19,451	677	65.00
66.00	06600	PHYSICAL THERAPY	8,339	0	13,348	0	323	66.00
69.00	06900	ELECTROCARDIOLOGY	6,923	0	6,180	0	202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,516	0	2,018	0	116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	246,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	257,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,116	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	1,063	0	1,882	0	1,351	76.00
76.01	03951	DIABETIC CENTER	0	0	1,131	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	1,011	2,770	65	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	39,789	5,351	39,993	109,517	6,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	1,171	3,206	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	512,168	574,970	337,485	695,955	573,255	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,124	0	838	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	409	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	34	0	0	194.01
194.02	07952	HMR PROGRAM	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	516,292	574,970	338,766	695,955	573,255	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- PASTORAL	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	580,166					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,799				16.00
17.00	01700	SOCIAL SERVICE	0	0	49,312			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	0	7,943		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	202	9,774	46,089		7,819,091	30.00
31.00	03100	INTENSIVE CARE UNIT	14	1,987	2,227		1,236,858	31.00
43.00	04300	NURSERY	0	509	670		376,522	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	175	5,057	0		4,643,202	50.00
51.00	05100	RECOVERY ROOM	5	2,067	18		704,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	1,533	217		1,126,585	52.00
53.00	05300	ANESTHESIOLOGY	2,372	1,335	0		18,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,863	0		4,033,752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	1,467	0		1,285,378	55.00
57.00	05700	CT SCAN	0	6,504	0		821,920	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,628	0		851,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,009	0		663,214	59.00
60.00	06000	LABORATORY	0	8,247	0		1,034,779	60.00
64.00	06400	INTRAVENOUS THERAPY	0	616	0		603,055	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,165	0		497,271	65.00
66.00	06600	PHYSICAL THERAPY	0	1,250	0		421,444	66.00
69.00	06900	ELECTROCARDIOLOGY	2,227	1,870	0		557,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	250	0		345,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,123	0		518,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,390	0		541,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,758	8,804	0		955,333	73.00
74.00	07400	RENAL DIALYSIS	0	146	0		55,190	74.00
76.00	03950	WOUND CARE CENTER	182	112	0		60,667	76.00
76.01	03951	DIABETIC CENTER	0	30	0		7,699	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0		0	76.02
76.97	07697	CARDIAC REHABILITATION	0	64	0		169,920	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	229	5,888	91		2,163,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	111	0		13,100	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	580,166	72,799	49,312	0	31,525,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		163,473	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.01
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	ACLS	0	0	0		3,145	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0		93,558	194.01
194.02	07952	HMR PROGRAM	0	0	0		1,087	194.02
200.00		Cross Foot Adjustments				7,943	7,943	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	580,166	72,799	49,312	7,943	31,794,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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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
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	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
23.00	02300	PARAMED ED PRGM- PASTORAL			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	7,819,091	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,236,858	31.00
43.00	04300	NURSERY	0	376,522	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,643,202	50.00
51.00	05100	RECOVERY ROOM	0	704,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,126,585	52.00
53.00	05300	ANESTHESIOLOGY	0	18,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,033,752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,285,378	55.00
57.00	05700	CT SCAN	0	821,920	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	851,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	663,214	59.00
60.00	06000	LABORATORY	0	1,034,779	60.00
64.00	06400	INTRAVENOUS THERAPY	0	603,055	64.00
65.00	06500	RESPIRATORY THERAPY	0	497,271	65.00
66.00	06600	PHYSICAL THERAPY	0	421,444	66.00
69.00	06900	ELECTROCARDIOLOGY	0	557,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	345,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	518,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	541,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	955,333	73.00
74.00	07400	RENAL DIALYSIS	0	55,190	74.00
76.00	03950	WOUND CARE CENTER	0	60,667	76.00
76.01	03951	DIABETIC CENTER	0	7,699	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	169,920	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	2,163,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	13,100	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	31,525,665	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163,473	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	3,145	194.00
194.01	07951	PHYSICIAN REFERRAL	0	93,558	194.01
194.02	07952	HMR PROGRAM	0	1,087	194.02
200.00		Cross Foot Adjustments	0	7,943	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	31,794,871	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	577,304					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,939,074				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,349	18,021	90,920,019			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,501	0	1,452,222,099		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	38,096	1,949,385	6,301,751	0	-40,370,416	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,058	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	91,076	195,729	331	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,456	857	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,493	158,516	0	0	0	9.00
10.00	01000	DIETARY	9,968	100,685	0	0	0	10.00
11.00	01100	CAFETERIA	7,397	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,186	295,816	1,242,730	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,633	83,449	0	0	0	14.00
15.00	01500	PHARMACY	6,247	154,645	3,734,889	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,691	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,867,604	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	46	0	211,432	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,299	121,770	24,613,174	191,685,954	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,092	26,749	4,756,952	39,731,598	0	31.00
43.00	04300	NURSERY	6,962	18,811	1,548,679	10,181,292	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,390	2,118,823	6,526,741	101,133,918	0	50.00
51.00	05100	RECOVERY ROOM	11,057	50,640	4,073,829	41,338,872	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,555	119,216	4,622,617	30,666,232	0	52.00
53.00	05300	ANESTHESIOLOGY	0	467	171,703	26,702,116	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,194	2,125,011	6,796,006	117,258,340	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066	743,079	660,028	29,337,380	0	55.00
57.00	05700	CT SCAN	3,439	507,705	1,371,513	130,089,973	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,313	484,882	627,670	32,567,563	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,063	184	1,181,825	40,176,627	0	59.00
60.00	06000	LABORATORY	16,264	79,575	471,241	164,943,864	0	60.00
64.00	06400	INTRAVENOUS THERAPY	11,195	23,520	2,295,121	12,310,798	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,640	105,711	1,854,199	23,307,887	0	65.00
66.00	06600	PHYSICAL THERAPY	6,812	11,803	3,604,622	25,005,521	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,656	217,963	1,708,529	37,406,934	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	26,429	416,665	4,993,830	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,451,842	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,803,650	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	176,089,066	0	73.00
74.00	07400	RENAL DIALYSIS	912	0	0	2,921,828	0	74.00
76.00	03950	WOUND CARE CENTER	868	5,583	489,064	2,243,044	0	76.00
76.01	03951	DIABETIC CENTER	0	0	271,004	607,051	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,398	283,694	1,284,826	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	32,505	175,022	8,567,897	117,764,590	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	323,320	2,217,503	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	573,935	9,929,945	90,594,830	1,452,222,099	-40,370,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,369	6,377	108,469	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	116,959	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	2,752	577	0	0	194.01
194.02	07952	HMR PROGRAM	0	0	99,184	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,279,659	11,453,356	20,500,835	14,150,630		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.663836	1.152356	0.225482	0.009744		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			158,473	62,444		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

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 CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.05	5A.06	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001743	0.000043		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: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	263,046,357					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,816,982	524,801				6.00
7.00	00700	OPERATION OF PLANT	12,457,222	91,076	433,725			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,296,422	5,456	5,456	1,555,819		8.00
9.00	00900	HOUSEKEEPING	4,398,473	6,493	6,493	0	421,776	9.00
10.00	01000	DIETARY	2,780,243	9,968	9,968	0	9,968	10.00
11.00	01100	CAFETERIA	1,953,579	7,397	7,397	0	7,397	11.00
13.00	01300	NURSING ADMINISTRATION	2,302,613	2,186	2,186	0	2,186	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,207,215	10,633	10,633	154	10,633	14.00
15.00	01500	PHARMACY	7,457,978	6,247	6,247	0	6,247	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	164,588	1,691	1,691	0	1,691	16.00
17.00	01700	SOCIAL SERVICE	2,440,208	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	270,317	46	46	0	46	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,228,620	141,299	141,299	556,881	141,299	30.00
31.00	03100	INTENSIVE CARE UNIT	9,087,591	22,092	22,092	96,263	22,092	31.00
43.00	04300	NURSERY	2,535,559	6,962	6,962	8,006	6,962	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,298,267	40,390	40,390	194,435	40,390	50.00
51.00	05100	RECOVERY ROOM	6,429,753	11,057	11,057	51,338	11,057	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,621,334	18,555	18,555	119,139	18,555	52.00
53.00	05300	ANESTHESIOLOGY	694,223	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,914,364	24,194	24,194	86,264	24,194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,822,817	9,066	9,066	0	9,066	55.00
57.00	05700	CT SCAN	4,041,445	3,439	3,439	51,955	3,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,013,809	3,313	3,313	18,490	3,313	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,054,200	14,063	14,063	34,389	14,063	59.00
60.00	06000	LABORATORY	15,220,037	16,264	16,264	116	16,264	60.00
64.00	06400	INTRAVENOUS THERAPY	3,939,775	11,195	11,195	19,424	11,195	64.00
65.00	06500	RESPIRATORY THERAPY	3,558,343	4,640	4,640	0	4,640	65.00
66.00	06600	PHYSICAL THERAPY	5,384,633	6,812	6,812	93,448	6,812	66.00
69.00	06900	ELECTROCARDIOLOGY	3,339,529	5,656	5,656	12,168	5,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,171,469	6,957	6,957	4,990	6,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,257,756	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,979,576	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,108,847	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,039,192	912	912	0	912	74.00
76.00	03950	WOUND CARE CENTER	820,983	868	868	1,656	868	76.00
76.01	03951	DIABETIC CENTER	366,655	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	551,739	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,285,721	32,505	32,505	206,703	32,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	482,814	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	261,794,891	521,432	430,356	1,555,819	418,407	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	938,564	3,369	3,369	0	3,369	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	153,689	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	103,724	0	0	0	0	194.01
194.02	07952	HMR PROGRAM	55,489	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	40,370,416	5,556,259	15,333,324	1,746,037	5,371,809	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.153473	10.587364	35.352640	1.122262	12.736166	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,333,287	397,825	3,383,614	241,802	516,292	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016473	0.758049	7.801289	0.155418	1.224091	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5.06	6.00	7.00	8.00	9.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	151,500					10.00
11.00	01100	CAFETERIA	0	2,047,369				11.00
13.00	01300	NURSING ADMINISTRATION	0	22,165	1,535,968			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	36,828,094		14.00
15.00	01500	PHARMACY	0	76,185	0	68,515	20,584,938	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	35,409	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	7,334	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,096	643,497	643,497	1,287,636	7,170	30.00
31.00	03100	INTENSIVE CARE UNIT	8,994	111,904	111,904	522,841	514	31.00
43.00	04300	NURSERY	0	30,132	30,132	20,600	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	166,258	166,258	1,087,045	6,217	50.00
51.00	05100	RECOVERY ROOM	0	99,371	99,371	67,516	186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	101,040	101,040	158,220	33	52.00
53.00	05300	ANESTHESIOLOGY	0	5,360	0	60,192	84,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	141,063	0	296,867	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,407	0	36,125	19	55.00
57.00	05700	CT SCAN	0	29,295	0	21,177	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,986	0	21,091	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,447	25,447	188,466	0	59.00
60.00	06000	LABORATORY	0	10,034	0	27,136	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	60,499	60,499	37,539	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	42,928	42,928	43,468	0	65.00
66.00	06600	PHYSICAL THERAPY	0	80,670	0	20,730	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	37,348	0	12,952	79,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,198	0	7,455	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,844,103	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,513,779	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,393,035	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	13	0	74.00
76.00	03950	WOUND CARE CENTER	0	11,372	0	86,795	6,472	76.00
76.01	03951	DIABETIC CENTER	0	6,835	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,113	6,113	4,200	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,410	241,703	241,703	393,629	8,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	7,076	7,076	3	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,500	2,039,629	1,535,968	36,828,093	20,584,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,064	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	2,470	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	206	0	0	0	194.01
194.02	07952	HMR PROGRAM	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,791,819	2,687,428	2,813,362	3,170,040	9,075,026	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.028508	1.312625	1.831654	0.086077	0.440858	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	574,970	338,766	695,955	573,255	580,166	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.795182	0.165464	0.453105	0.015566	0.028184	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
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: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
			16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,452,222,099			16.00
17.00	01700	SOCIAL SERVICE	0	2,723		17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	253	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	191,685,954	2,545	101	30.00
31.00	03100	INTENSIVE CARE UNIT	39,731,598	123	40	31.00
43.00	04300	NURSERY	10,181,292	37	4	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,133,918	0	19	50.00
51.00	05100	RECOVERY ROOM	41,338,872	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,666,232	12	0	52.00
53.00	05300	ANESTHESIOLOGY	26,702,116	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,258,340	0	27	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,337,380	0	0	55.00
57.00	05700	CT SCAN	130,089,973	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,567,563	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,176,627	0	0	59.00
60.00	06000	LABORATORY	164,943,864	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,310,798	0	1	64.00
65.00	06500	RESPIRATORY THERAPY	23,307,887	0	0	65.00
66.00	06600	PHYSICAL THERAPY	25,005,521	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	37,406,934	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,993,830	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,451,842	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,803,650	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	176,089,066	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,921,828	0	0	74.00
76.00	03950	WOUND CARE CENTER	2,243,044	0	0	76.00
76.01	03951	DIABETIC CENTER	607,051	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,284,826	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	117,764,590	5	61	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950	ANTICOAGULATION CLINIC	2,217,503	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,452,222,099	2,723	253	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
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	ACLS	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	194.01
194.02	07952	HMR PROGRAM	0	0	0	194.02
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	289,069	2,861,193	324,129	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000199	1,050.750275	1,281.142292	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	72,799	49,312	7,943	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000050	18.109438	31.395257	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)		
206.00		16.00	17.00	23.00		
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: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:52 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	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,828,913		63,828,913	0	63,828,913	30.00
31.00	03100	INTENSIVE CARE UNIT	12,697,187		12,697,187	0	12,697,187	31.00
43.00	04300	NURSERY	3,484,732		3,484,732	0	3,484,732	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,358,235		24,358,235	0	24,358,235	50.00
51.00	05100	RECOVERY ROOM	8,450,564		8,450,564	0	8,450,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,363,489		10,363,489	0	10,363,489	52.00
53.00	05300	ANESTHESIOLOGY	855,405		855,405	0	855,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,834,907		17,834,907	0	17,834,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,815,868		3,815,868	0	3,815,868	55.00
57.00	05700	CT SCAN	4,987,957		4,987,957	0	4,987,957	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,564,673		2,564,673	0	2,564,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,490,923		4,490,923	0	4,490,923	59.00
60.00	06000	LABORATORY	18,558,672		18,558,672	0	18,558,672	60.00
64.00	06400	INTRAVENOUS THERAPY	5,420,290		5,420,290	0	5,420,290	64.00
65.00	06500	RESPIRATORY THERAPY	4,520,067	0	4,520,067	0	4,520,067	65.00
66.00	06600	PHYSICAL THERAPY	6,828,253	0	6,828,253	0	6,828,253	66.00
69.00	06900	ELECTROCARDIOLOGY	4,289,999		4,289,999	0	4,289,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,782,715		1,782,715	0	1,782,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,125,144		20,125,144	0	20,125,144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,016,438		21,016,438	0	21,016,438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,527,423		34,527,423	0	34,527,423	73.00
74.00	07400	RENAL DIALYSIS	1,252,775		1,252,775	0	1,252,775	74.00
76.00	03950	WOUND CARE CENTER	1,025,468		1,025,468	0	1,025,468	76.00
76.01	03951	DIABETIC CENTER	432,020		432,020	0	432,020	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	656,255		656,255	0	656,255	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,017,427		23,017,427	0	23,017,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,324,844		8,324,844	0	8,324,844	92.00
93.00	04950	ANTICOAGULATION CLINIC	579,603		579,603	0	579,603	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	310,090,246	0	310,090,246	0	310,090,246	200.00
201.00		Less Observation Beds	8,324,844		8,324,844		8,324,844	201.00
202.00		Total (see instructions)	301,765,402	0	301,765,402	0	301,765,402	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:52 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	161,559,508		161,559,508		30.00
31.00	03100	INTENSIVE CARE UNIT	39,731,598		39,731,598		31.00
43.00	04300	NURSERY	10,181,292		10,181,292		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,642,654	69,491,264	101,133,918	0.240851	50.00
51.00	05100	RECOVERY ROOM	8,234,836	33,104,036	41,338,872	0.204422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,175,477	8,490,755	30,666,232	0.337945	52.00
53.00	05300	ANESTHESIOLOGY	9,324,135	17,377,981	26,702,116	0.032035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,447,923	92,810,417	117,258,340	0.152099	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	501,387	28,835,993	29,337,380	0.130068	55.00
57.00	05700	CT SCAN	37,514,470	92,575,503	130,089,973	0.038342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,390,114	26,177,449	32,567,563	0.078749	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,252,548	24,924,079	40,176,627	0.111779	59.00
60.00	06000	LABORATORY	66,452,345	98,491,519	164,943,864	0.112515	60.00
64.00	06400	INTRAVENOUS THERAPY	2,593,932	9,716,866	12,310,798	0.440287	64.00
65.00	06500	RESPIRATORY THERAPY	20,790,074	2,517,813	23,307,887	0.193929	65.00
66.00	06600	PHYSICAL THERAPY	8,995,430	16,010,091	25,005,521	0.273070	66.00
69.00	06900	ELECTROCARDIOLOGY	13,272,902	24,134,032	37,406,934	0.114685	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,903	4,808,927	4,993,830	0.356984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,009,497	24,442,345	42,451,842	0.474070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,997,855	26,805,795	47,803,650	0.439641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,646,530	79,442,536	176,089,066	0.196079	73.00
74.00	07400	RENAL DIALYSIS	2,921,828	0	2,921,828	0.428764	74.00
76.00	03950	WOUND CARE CENTER	99,441	2,143,603	2,243,044	0.457177	76.00
76.01	03951	DIABETIC CENTER	146	606,905	607,051	0.711670	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	241	1,284,585	1,284,826	0.510773	76.97
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	28,086,460	89,678,130	117,764,590	0.195453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,302,119	20,824,327	30,126,446	0.276330	92.00
93.00	04950	ANTICOAGULATION CLINIC	6,395	2,211,108	2,217,503	0.261376	93.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	655,316,040	796,906,059	1,452,222,099		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	655,316,040	796,906,059	1,452,222,099		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 11:52 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240851		50.00
51.00	05100	RECOVERY ROOM	0.204422		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337945		52.00
53.00	05300	ANESTHESIOLOGY	0.032035		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152099		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130068		55.00
57.00	05700	CT SCAN	0.038342		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078749		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111779		59.00
60.00	06000	LABORATORY	0.112515		60.00
64.00	06400	INTRAVENOUS THERAPY	0.440287		64.00
65.00	06500	RESPIRATORY THERAPY	0.193929		65.00
66.00	06600	PHYSICAL THERAPY	0.273070		66.00
69.00	06900	ELECTROCARDIOLOGY	0.114685		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356984		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474070		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.439641		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196079		73.00
74.00	07400	RENAL DIALYSIS	0.428764		74.00
76.00	03950	WOUND CARE CENTER	0.457177		76.00
76.01	03951	DIABETIC CENTER	0.711670		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.510773		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.195453		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276330		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.261376		93.00
SPECIAL PURPOSE COST CENTERS					
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: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:52 am

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,828,913		63,828,913	0	63,828,913	30.00
31.00	03100	INTENSIVE CARE UNIT	12,697,187		12,697,187	0	12,697,187	31.00
43.00	04300	NURSERY	3,484,732		3,484,732	0	3,484,732	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,358,235		24,358,235	0	24,358,235	50.00
51.00	05100	RECOVERY ROOM	8,450,564		8,450,564	0	8,450,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,363,489		10,363,489	0	10,363,489	52.00
53.00	05300	ANESTHESIOLOGY	855,405		855,405	0	855,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,834,907		17,834,907	0	17,834,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,815,868		3,815,868	0	3,815,868	55.00
57.00	05700	CT SCAN	4,987,957		4,987,957	0	4,987,957	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,564,673		2,564,673	0	2,564,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,490,923		4,490,923	0	4,490,923	59.00
60.00	06000	LABORATORY	18,558,672		18,558,672	0	18,558,672	60.00
64.00	06400	INTRAVENOUS THERAPY	5,420,290		5,420,290	0	5,420,290	64.00
65.00	06500	RESPIRATORY THERAPY	4,520,067	0	4,520,067	0	4,520,067	65.00
66.00	06600	PHYSICAL THERAPY	6,828,253	0	6,828,253	0	6,828,253	66.00
69.00	06900	ELECTROCARDIOLOGY	4,289,999		4,289,999	0	4,289,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,782,715		1,782,715	0	1,782,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,125,144		20,125,144	0	20,125,144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,016,438		21,016,438	0	21,016,438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,527,423		34,527,423	0	34,527,423	73.00
74.00	07400	RENAL DIALYSIS	1,252,775		1,252,775	0	1,252,775	74.00
76.00	03950	WOUND CARE CENTER	1,025,468		1,025,468	0	1,025,468	76.00
76.01	03951	DIABETIC CENTER	432,020		432,020	0	432,020	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	656,255		656,255	0	656,255	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,017,427		23,017,427	0	23,017,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,324,844		8,324,844	0	8,324,844	92.00
93.00	04950	ANTICOAGULATION CLINIC	579,603		579,603	0	579,603	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	310,090,246	0	310,090,246	0	310,090,246	200.00
201.00		Less Observation Beds	8,324,844		8,324,844		8,324,844	201.00
202.00		Total (see instructions)	301,765,402	0	301,765,402	0	301,765,402	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:52 am

			Title XIX			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	161,559,508		161,559,508			30.00	
31.00	03100	INTENSIVE CARE UNIT	39,731,598		39,731,598			31.00	
43.00	04300	NURSERY	10,181,292		10,181,292			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,642,654	69,491,264	101,133,918	0.240851	0.000000	50.00	
51.00	05100	RECOVERY ROOM	8,234,836	33,104,036	41,338,872	0.204422	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,175,477	8,490,755	30,666,232	0.337945	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	9,324,135	17,377,981	26,702,116	0.032035	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,447,923	92,810,417	117,258,340	0.152099	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	501,387	28,835,993	29,337,380	0.130068	0.000000	55.00	
57.00	05700	CT SCAN	37,514,470	92,575,503	130,089,973	0.038342	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,390,114	26,177,449	32,567,563	0.078749	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	15,252,548	24,924,079	40,176,627	0.111779	0.000000	59.00	
60.00	06000	LABORATORY	66,452,345	98,491,519	164,943,864	0.112515	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	2,593,932	9,716,866	12,310,798	0.440287	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	20,790,074	2,517,813	23,307,887	0.193929	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	8,995,430	16,010,091	25,005,521	0.273070	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	13,272,902	24,134,032	37,406,934	0.114685	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	184,903	4,808,927	4,993,830	0.356984	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,009,497	24,442,345	42,451,842	0.474070	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,997,855	26,805,795	47,803,650	0.439641	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	96,646,530	79,442,536	176,089,066	0.196079	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	2,921,828	0	2,921,828	0.428764	0.000000	74.00	
76.00	03950	WOUND CARE CENTER	99,441	2,143,603	2,243,044	0.457177	0.000000	76.00	
76.01	03951	DIABETIC CENTER	146	606,905	607,051	0.711670	0.000000	76.01	
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	241	1,284,585	1,284,826	0.510773	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	28,086,460	89,678,130	117,764,590	0.195453	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,302,119	20,824,327	30,126,446	0.276330	0.000000	92.00	
93.00	04950	ANTICOAGULATION CLINIC	6,395	2,211,108	2,217,503	0.261376	0.000000	93.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	655,316,040	796,906,059	1,452,222,099			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	655,316,040	796,906,059	1,452,222,099			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240851		50.00
51.00	05100	RECOVERY ROOM	0.204422		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337945		52.00
53.00	05300	ANESTHESIOLOGY	0.032035		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152099		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130068		55.00
57.00	05700	CT SCAN	0.038342		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078749		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111779		59.00
60.00	06000	LABORATORY	0.112515		60.00
64.00	06400	INTRAVENOUS THERAPY	0.440287		64.00
65.00	06500	RESPIRATORY THERAPY	0.193929		65.00
66.00	06600	PHYSICAL THERAPY	0.273070		66.00
69.00	06900	ELECTROCARDIOLOGY	0.114685		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356984		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474070		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.439641		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196079		73.00
74.00	07400	RENAL DIALYSIS	0.428764		74.00
76.00	03950	WOUND CARE CENTER	0.457177		76.00
76.01	03951	DIABETIC CENTER	0.711670		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.510773		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.195453		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276330		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.261376		93.00
SPECIAL PURPOSE COST CENTERS					
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,358,235	4,643,202	19,715,033	0	0
51.00	05100	RECOVERY ROOM	8,450,564	704,021	7,746,543	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,363,489	1,126,585	9,236,904	0	0
53.00	05300	ANESTHESIOLOGY	855,405	18,952	836,453	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,834,907	4,033,752	13,801,155	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,815,868	1,285,378	2,530,490	0	0
57.00	05700	CT SCAN	4,987,957	821,920	4,166,037	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,564,673	851,214	1,713,459	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,490,923	663,214	3,827,709	0	0
60.00	06000	LABORATORY	18,558,672	1,034,779	17,523,893	0	0
64.00	06400	INTRAVENOUS THERAPY	5,420,290	603,055	4,817,235	0	0
65.00	06500	RESPIRATORY THERAPY	4,520,067	497,271	4,022,796	0	0
66.00	06600	PHYSICAL THERAPY	6,828,253	421,444	6,406,809	0	0
69.00	06900	ELECTROCARDIOLOGY	4,289,999	557,565	3,732,434	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,782,715	345,645	1,437,070	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,125,144	518,391	19,606,753	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,016,438	541,193	20,475,245	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	34,527,423	955,333	33,572,090	0	0
74.00	07400	RENAL DIALYSIS	1,252,775	55,190	1,197,585	0	0
76.00	03950	WOUND CARE CENTER	1,025,468	60,667	964,801	0	0
76.01	03951	DIABETIC CENTER	432,020	7,699	424,321	0	0
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	656,255	169,920	486,335	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	23,017,427	2,163,704	20,853,723	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,324,844	1,019,802	7,305,042	0	0
93.00	04950	ANTICOAGULATION CLINIC	579,603	13,100	566,503	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (sum of lines 50 thru 199)	230,079,414	23,112,996	206,966,418	0	0
201.00		Less Observation Beds	8,324,844	1,019,802	7,305,042	0	0
202.00		Total (line 200 minus line 201)	221,754,570	22,093,194	199,661,376	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 11:52 am

			Title XIX		Hospital	PPS
	Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	24,358,235	101,133,918	0.240851	50.00
51.00	05100	RECOVERY ROOM	8,450,564	41,338,872	0.204422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,363,489	30,666,232	0.337945	52.00
53.00	05300	ANESTHESIOLOGY	855,405	26,702,116	0.032035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,834,907	117,258,340	0.152099	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,815,868	29,337,380	0.130068	55.00
57.00	05700	CT SCAN	4,987,957	130,089,973	0.038342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,564,673	32,567,563	0.078749	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,490,923	40,176,627	0.111779	59.00
60.00	06000	LABORATORY	18,558,672	164,943,864	0.112515	60.00
64.00	06400	INTRAVENOUS THERAPY	5,420,290	12,310,798	0.440287	64.00
65.00	06500	RESPIRATORY THERAPY	4,520,067	23,307,887	0.193929	65.00
66.00	06600	PHYSICAL THERAPY	6,828,253	25,005,521	0.273070	66.00
69.00	06900	ELECTROCARDIOLOGY	4,289,999	37,406,934	0.114685	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,782,715	4,993,830	0.356984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,125,144	42,451,842	0.474070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,016,438	47,803,650	0.439641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,527,423	176,089,066	0.196079	73.00
74.00	07400	RENAL DIALYSIS	1,252,775	2,921,828	0.428764	74.00
76.00	03950	WOUND CARE CENTER	1,025,468	2,243,044	0.457177	76.00
76.01	03951	DIABETIC CENTER	432,020	607,051	0.711670	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	656,255	1,284,826	0.510773	76.97
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	23,017,427	117,764,590	0.195453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,324,844	30,126,446	0.276330	92.00
93.00	04950	ANTICOAGULATION CLINIC	579,603	2,217,503	0.261376	93.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	230,079,414	1,240,749,701		200.00
201.00		Less Observation Beds	8,324,844	0		201.00
202.00		Total (line 200 minus line 201)	221,754,570	1,240,749,701		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 11:52 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	7,819,091	0	7,819,091	50,788	153.96	30.00
31.00	INTENSIVE CARE UNIT	1,236,858		1,236,858	4,959	249.42	31.00
43.00	NURSERY	376,522		376,522	4,668	80.66	43.00
200.00	Total (lines 30 through 199)	9,432,471		9,432,471	60,415		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	15,745	2,424,100				30.00
31.00	INTENSIVE CARE UNIT	1,191	297,059				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	16,936	2,721,159				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 11:52 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	4,643,202	101,133,918	0.045911	10,308,701	473,283	50.00	
51.00	05100	RECOVERY ROOM	704,021	41,338,872	0.017030	3,016,835	51,377	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,126,585	30,666,232	0.036737	12,713	467	52.00	
53.00	05300	ANESTHESIOLOGY	18,952	26,702,116	0.000710	2,646,461	1,879	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,033,752	117,258,340	0.034401	9,298,029	319,861	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,285,378	29,337,380	0.043814	165,832	7,266	55.00	
57.00	05700	CT SCAN	821,920	130,089,973	0.006318	13,000,738	82,139	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	851,214	32,567,563	0.026137	2,166,621	56,629	58.00	
59.00	05900	CARDIAC CATHETERIZATION	663,214	40,176,627	0.016507	7,240,398	119,517	59.00	
60.00	06000	LABORATORY	1,034,779	164,943,864	0.006274	21,881,188	137,283	60.00	
64.00	06400	INTRAVENOUS THERAPY	603,055	12,310,798	0.048986	796,792	39,032	64.00	
65.00	06500	RESPIRATORY THERAPY	497,271	23,307,887	0.021335	7,190,645	153,412	65.00	
66.00	06600	PHYSICAL THERAPY	421,444	25,005,521	0.016854	4,043,600	68,151	66.00	
69.00	06900	ELECTROCARDIOLOGY	557,565	37,406,934	0.014905	5,468,915	81,514	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	345,645	4,993,830	0.069214	60,433	4,183	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	518,391	42,451,842	0.012211	7,354,827	89,810	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	541,193	47,803,650	0.011321	9,543,566	108,043	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	955,333	176,089,066	0.005425	28,149,894	152,713	73.00	
74.00	07400	RENAL DIALYSIS	55,190	2,921,828	0.018889	1,279,451	24,168	74.00	
76.00	03950	WOUND CARE CENTER	60,667	2,243,044	0.027047	46,579	1,260	76.00	
76.01	03951	DIABETIC CENTER	7,699	607,051	0.012683	146	2	76.01	
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	169,920	1,284,826	0.132251	241	32	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,163,704	117,764,590	0.018373	10,222,310	187,815	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,019,802	30,126,446	0.033851	3,485,713	117,995	92.00	
93.00	04950	ANTICOAGULATION CLINIC	13,100	2,217,503	0.005908	3,838	23	93.00	
200.00		Total (lines 50 through 199)	23,112,996	1,240,749,701		147,384,466	2,277,854	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 11:52 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	129,394	0		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	51,246	0		31.00	
43.00	04300	NURSERY		0	0	0	5,125	0		43.00	
200.00		Total (lines 30 through 199)		0	0	0	185,765	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	129,394	50,788	2.55	15,745		30.00	
31.00	03100	INTENSIVE CARE UNIT			51,246	4,959	10.33	1,191		31.00	
43.00	04300	NURSERY			5,125	4,668	1.10	0		43.00	
200.00		Total (lines 30 through 199)			185,765	60,415		16,936		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		40,150						30.00	
31.00	03100	INTENSIVE CARE UNIT		12,303						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		52,453						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	24,342	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	34,591	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	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,281	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	78,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	16,874	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	155,238	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 11:52 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	24,342	24,342	101,133,918	0.000241	50.00
51.00	05100	RECOVERY ROOM	0	0	0	41,338,872	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	30,666,232	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,702,116	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,591	34,591	117,258,340	0.000295	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,337,380	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	130,089,973	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,567,563	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,176,627	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	164,943,864	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,281	1,281	12,310,798	0.000104	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,307,887	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,005,521	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,406,934	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,993,830	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,451,842	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,803,650	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	176,089,066	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,921,828	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	2,243,044	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	607,051	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,284,826	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	78,150	78,150	117,764,590	0.000664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,874	16,874	30,126,446	0.000560	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,217,503	0.000000	93.00
200.00	Total (lines 50 through 199)		0	155,238	155,238	1,240,749,701		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 11:52 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	0.000241	10,308,701	2,484	16,962,415	4,088	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,016,835	0	9,322,521	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	12,713	0	37,007	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,646,461	0	3,924,141	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000295	9,298,029	2,743	22,499,115	6,637	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	165,832	0	10,719,252	0	55.00
57.00	05700	CT SCAN	0.000000	13,000,738	0	19,589,854	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,166,621	0	6,701,541	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,240,398	0	10,658,638	0	59.00
60.00	06000	LABORATORY	0.000000	21,881,188	0	14,073,293	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000104	796,792	83	2,918,273	304	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,190,645	0	634,963	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,043,600	0	233,827	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,468,915	0	7,432,123	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	60,433	0	1,281,069	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,354,827	0	7,791,138	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,543,566	0	9,759,574	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,149,894	0	23,961,714	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,279,451	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0.000000	46,579	0	1,234,731	0	76.00
76.01	03951	DIABETIC CENTER	0.000000	146	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	241	0	569,724	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000664	10,222,310	6,788	10,379,214	6,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000560	3,485,713	1,952	5,961,961	3,339	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.000000	3,838	0	1,049,593	0	93.00
200.00		Total (lines 50 through 199)		147,384,466	14,050	187,695,681	21,260	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST					Provider CCN: 14-0030		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/26/2022 11:52 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.240851	16,962,415	0	391	4,085,415	50.00		
51.00	05100	RECOVERY ROOM	0.204422	9,322,521	0	0	1,905,728	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337945	37,007	0	0	12,506	52.00		
53.00	05300	ANESTHESIOLOGY	0.032035	3,924,141	0	0	125,710	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152099	22,499,115	0	3,421	3,422,093	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130068	10,719,252	0	40	1,394,232	55.00		
57.00	05700	CT SCAN	0.038342	19,589,854	0	490	751,114	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078749	6,701,541	0	304	527,740	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.111779	10,658,638	0	73	1,191,412	59.00		
60.00	06000	LABORATORY	0.112515	14,073,293	6,328	0	1,583,457	60.00		
64.00	06400	INTRAVENOUS THERAPY	0.440287	2,918,273	1	0	1,284,878	64.00		
65.00	06500	RESPIRATORY THERAPY	0.193929	634,963	1	0	123,138	65.00		
66.00	06600	PHYSICAL THERAPY	0.273070	233,827	0	0	63,851	66.00		
69.00	06900	ELECTROCARDIOLOGY	0.114685	7,432,123	0	254	852,353	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356984	1,281,069	0	0	457,321	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474070	7,791,138	0	0	3,693,545	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.439641	9,759,574	0	0	4,290,709	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196079	23,961,714	0	43,196	4,698,389	73.00		
74.00	07400	RENAL DIALYSIS	0.428764	0	0	0	0	74.00		
76.00	03950	WOUND CARE CENTER	0.457177	1,234,731	0	293	564,491	76.00		
76.01	03951	DIABETIC CENTER	0.711670	0	0	0	0	76.01		
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02		
76.97	07697	CARDIAC REHABILITATION	0.510773	569,724	0	0	291,000	76.97		
	OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.195453	10,379,214	276	0	2,028,649	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276330	5,961,961	0	0	1,647,469	92.00		
93.00	04950	ANTICOAGULATION CLINIC	0.261376	1,049,593	0	0	274,338	93.00		
200.00		Subtotal (see instructions)		187,695,681	6,606	48,462	35,269,538	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00		
202.00		Net Charges (line 200 - line 201)		187,695,681	6,606	48,462	35,269,538	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 11:52 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	94		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	520		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5		55.00
57.00	05700	CT SCAN	0	19		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8		59.00
60.00	06000	LABORATORY	712	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	29		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,470		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	WOUND CARE CENTER	0	134		76.00
76.01	03951	DIABETIC CENTER	0	0		76.01
76.02	03952	CLINICAL NUTRITION	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	54	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0		93.00
200.00		Subtotal (see instructions)	766	9,303		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	766	9,303		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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		7,819,091	0	7,819,091	50,788	153.96	30.00
31.00	INTENSIVE CARE UNIT		1,236,858		1,236,858	4,959	249.42	31.00
43.00	NURSERY		376,522		376,522	4,668	80.66	43.00
200.00	Total (lines 30 through 199)		9,432,471		9,432,471	60,415		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		1,122	172,743				
31.00	INTENSIVE CARE UNIT		256	63,852				
43.00	NURSERY		2,239	180,598				
200.00	Total (lines 30 through 199)		3,617	417,193				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/26/2022 11:52 am

			Title XIX		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	4,643,202	101,133,918	0.045911	623,565	28,628	50.00
51.00	05100	RECOVERY ROOM	704,021	41,338,872	0.017030	169,687	2,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,126,585	30,666,232	0.036737	596,460	21,912	52.00
53.00	05300	ANESTHESIOLOGY	18,952	26,702,116	0.000710	191,295	136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,033,752	117,258,340	0.034401	578,374	19,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,285,378	29,337,380	0.043814	5,158	226	55.00
57.00	05700	CT SCAN	821,920	130,089,973	0.006318	1,086,724	6,866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	851,214	32,567,563	0.026137	124,344	3,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	663,214	40,176,627	0.016507	215,600	3,559	59.00
60.00	06000	LABORATORY	1,034,779	164,943,864	0.006274	2,209,262	13,861	60.00
64.00	06400	INTRAVENOUS THERAPY	603,055	12,310,798	0.048986	15,477	758	64.00
65.00	06500	RESPIRATORY THERAPY	497,271	23,307,887	0.021335	719,030	15,341	65.00
66.00	06600	PHYSICAL THERAPY	421,444	25,005,521	0.016854	293,479	4,946	66.00
69.00	06900	ELECTROCARDIOLOGY	557,565	37,406,934	0.014905	265,482	3,957	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	345,645	4,993,830	0.069214	4,518	313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	518,391	42,451,842	0.012211	352,176	4,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	541,193	47,803,650	0.011321	264,558	2,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	955,333	176,089,066	0.005425	3,456,907	18,754	73.00
74.00	07400	RENAL DIALYSIS	55,190	2,921,828	0.018889	76,758	1,450	74.00
76.00	03950	WOUND CARE CENTER	60,667	2,243,044	0.027047	2,536	69	76.00
76.01	03951	DIABETIC CENTER	7,699	607,051	0.012683	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	169,920	1,284,826	0.132251	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,163,704	117,764,590	0.018373	693,116	12,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,019,802	30,126,446	0.033851	156,210	5,288	92.00
93.00	04950	ANTICOAGULATION CLINIC	13,100	2,217,503	0.005908	0	0	93.00
200.00		Total (lines 50 through 199)	23,112,996	1,240,749,701		12,100,716	172,131	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 11:52 am	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	129,394	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	51,246	0	31.00		
43.00	04300	NURSERY	0	0	0	5,125	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	185,765	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	129,394	50,788	2.55	1,122	30.00		
31.00	03100	INTENSIVE CARE UNIT		51,246	4,959	10.33	256	31.00		
43.00	04300	NURSERY		5,125	4,668	1.10	2,239	43.00		
200.00	Total (lines 30 through 199)			185,765	60,415		3,617	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	2,861						30.00	
31.00	03100	INTENSIVE CARE UNIT	2,644						31.00	
43.00	04300	NURSERY	2,463						43.00	
200.00	Total (lines 30 through 199)		7,968						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			Title XIX		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	24,342	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	34,591	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	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,281	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	78,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	16,874	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	155,238	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description			Title XIX		Hospital	PPS		
			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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,342	24,342	101,133,918	0.000241	50.00
51.00	05100	RECOVERY ROOM	0	0	0	41,338,872	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	30,666,232	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,702,116	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,591	34,591	117,258,340	0.000295	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,337,380	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	130,089,973	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,567,563	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,176,627	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	164,943,864	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,281	1,281	12,310,798	0.000104	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,307,887	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,005,521	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,406,934	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,993,830	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,451,842	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,803,650	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	176,089,066	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,921,828	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	2,243,044	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	607,051	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,284,826	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	78,150	78,150	117,764,590	0.000664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,874	16,874	30,126,446	0.000560	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,217,503	0.000000	93.00
200.00	Total (lines 50 through 199)		0	155,238	155,238	1,240,749,701		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000241	623,565	150	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	169,687	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	596,460	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	191,295	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000295	578,374	171	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	5,158	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	1,086,724	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	124,344	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	215,600	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	2,209,262	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000104	15,477	2	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	719,030	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	293,479	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	265,482	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,518	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	352,176	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	264,558	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,456,907	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	76,758	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0.000000	2,536	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0.000000	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000664	693,116	460	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000560	156,210	87	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		12,100,716	870	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 11:52 am	
Title XVIII		Hospital	PPS		
Cost Center Description		1.00			
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	50,788			1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,788			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)	44,164			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)	15,745			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)	63,828,913			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)	63,828,913			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)	63,828,913			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)	1,256.77			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	19,787,844			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)	19,787,844			41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/26/2022 11:52 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	12,697,187	4,959	2,560.43	1,191	3,049,472
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,797,412
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,634,728
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,773,612
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,291,904
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,065,516
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,569,212
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					6,624
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,256.77
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,324,844

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
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		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	7,819,091	63,828,913	0.122501	8,324,844	1,019,802	90.00
91.00 Nursing Program cost	0	63,828,913	0.000000	8,324,844	0	91.00
92.00 Allied health cost	129,394	63,828,913	0.002027	8,324,844	16,874	92.00
93.00 All other Medical Education	0	63,828,913	0.000000	8,324,844	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 11:52 am	
		Title XIX	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,788	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,788	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)		44,164	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,122	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)		4,668	15.00	
16.00	Nursery days (title V or XIX only)		2,239	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)		63,828,913	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)		63,828,913	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)		63,828,913	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)		1,256.77	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,410,096	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,410,096	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
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Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
Cost Center Description			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		3,484,732	4,668	746.51	2,239	1,671,436	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		12,697,187	4,959	2,560.43	256	655,470	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,237,605	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,974,607	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)						425,161	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						173,001	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						598,162	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						5,376,445	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)						6,624	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,256.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						8,324,844	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

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Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,819,091	63,828,913	0.122501	8,324,844	1,019,802
91.00	Nursing Program cost	0	63,828,913	0.000000	8,324,844	0
92.00	Allied health cost	129,394	63,828,913	0.002027	8,324,844	16,874
93.00	All other Medical Education	0	63,828,913	0.000000	8,324,844	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 11:52 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		56,147,461		30.00
31.00	03100	INTENSIVE CARE UNIT		11,527,785		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.240851	10,308,701	2,482,861	50.00
51.00	05100	RECOVERY ROOM	0.204422	3,016,835	616,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337945	12,713	4,296	52.00
53.00	05300	ANESTHESIOLOGY	0.032035	2,646,461	84,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152099	9,298,029	1,414,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130068	165,832	21,569	55.00
57.00	05700	CT SCAN	0.038342	13,000,738	498,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078749	2,166,621	170,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111779	7,240,398	809,324	59.00
60.00	06000	LABORATORY	0.112515	21,881,188	2,461,962	60.00
64.00	06400	INTRAVENOUS THERAPY	0.440287	796,792	350,817	64.00
65.00	06500	RESPIRATORY THERAPY	0.193929	7,190,645	1,394,475	65.00
66.00	06600	PHYSICAL THERAPY	0.273070	4,043,600	1,104,186	66.00
69.00	06900	ELECTROCARDIOLOGY	0.114685	5,468,915	627,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356984	60,433	21,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474070	7,354,827	3,486,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.439641	9,543,566	4,195,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196079	28,149,894	5,519,603	73.00
74.00	07400	RENAL DIALYSIS	0.428764	1,279,451	548,583	74.00
76.00	03950	WOUND CARE CENTER	0.457177	46,579	21,295	76.00
76.01	03951	DIABETIC CENTER	0.711670	146	104	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.510773	241	123	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.195453	10,222,310	1,997,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276330	3,485,713	963,207	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.261376	3,838	1,003	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		147,384,466	28,797,412	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		147,384,466		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 11:52 am	
			Title XIX	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		4,947,977		30.00
31.00	03100	INTENSIVE CARE UNIT		2,385,640		31.00
43.00	04300	NURSERY		923,222		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.240851	623,565	150,186	50.00
51.00	05100	RECOVERY ROOM	0.204422	169,687	34,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337945	596,460	201,571	52.00
53.00	05300	ANESTHESIOLOGY	0.032035	191,295	6,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152099	578,374	87,970	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130068	5,158	671	55.00
57.00	05700	CT SCAN	0.038342	1,086,724	41,667	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078749	124,344	9,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111779	215,600	24,100	59.00
60.00	06000	LABORATORY	0.112515	2,209,262	248,575	60.00
64.00	06400	INTRAVENOUS THERAPY	0.440287	15,477	6,814	64.00
65.00	06500	RESPIRATORY THERAPY	0.193929	719,030	139,441	65.00
66.00	06600	PHYSICAL THERAPY	0.273070	293,479	80,140	66.00
69.00	06900	ELECTROCARDIOLOGY	0.114685	265,482	30,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356984	4,518	1,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474070	352,176	166,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.439641	264,558	116,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196079	3,456,907	677,827	73.00
74.00	07400	RENAL DIALYSIS	0.428764	76,758	32,911	74.00
76.00	03950	WOUND CARE CENTER	0.457177	2,536	1,159	76.00
76.01	03951	DIABETIC CENTER	0.711670	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.510773	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.195453	693,116	135,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276330	156,210	43,166	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.261376	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,100,716	2,237,605	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)		12,100,716		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 11:52 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)	29,858,548		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,664,042		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)	414,807		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	152,785		2.04
3.00	Managed Care Simulated Payments	21,530,038		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	236.85		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.08	31.00
32.00	Sum of lines 30 and 31		19.37	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.34	33.00
34.00	Disproportionate share adjustment (see instructions)		527,627	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 11:52 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
35.01	Factor 3 (see instructions)		0.000332477	0.003902110
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,756,239	2,806,404
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,061,515	707,368
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,768,883	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		43,386,692	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		43,386,692	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,284,598	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		581,729	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		52,453	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		14,050	58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,319,523	59.00
60.00	Primary payer payments		22,383	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,297,140	61.00
62.00	Deductibles billed to program beneficiaries		3,811,640	62.00
63.00	Coinsurance billed to program beneficiaries		94,339	63.00
64.00	Allowable bad debts (see instructions)		581,258	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		377,818	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		487,151	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,768,979	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 MISC ADJUSTMENT NOT SPECIFIC		-1,196	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)		117,550	70.93
70.94	HRR adjustment amount (see instructions)		-128,433	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 11:52 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)		43,756,900	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		42,721,965	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)		1,034,935	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		608,029	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)	1.0038973050	1.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.9965	0.9970	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		ADVOCATE SHERMAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 11:52 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			10,069	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			35,248,278	2.00
3.00	OPPS payments			31,772,484	3.00
4.00	Outlier payment (see instructions)			66,771	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			21,260	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			10,069	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			55,068	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)			55,068	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)			55,068	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			44,999	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)			10,069	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)			31,860,515	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			5,116,351	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)			26,754,233	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)			26,754,233	30.00
31.00	Primary payer payments			2,322	31.00
32.00	Subtotal (line 30 minus line 31)			26,751,911	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)			516,453	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			335,694	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			440,837	36.00
37.00	Subtotal (see instructions)			27,087,605	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	MSP RECONCILIATION			-276	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)			27,087,329	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			26,842,326	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)			245,003	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)				93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 11:52 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		42,928,092		27,032,350	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	10/04/2021	206,127	10/04/2021	190,024	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)		-206,127		-190,024	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)		42,721,965		26,842,326	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		1,034,935		245,003	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		43,756,900		27,087,329	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: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 11:52 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:

5/26/2022 11:52 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	703,725,000	0	0	0	1.00
2.00 Temporary investments	139,742,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,838,859,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	724,803,000	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	3,407,129,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	470,257,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	8,448,955,000	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	2,554,215,000	0	0	0	23.00
24.00 Accumulated depreciation	-5,530,416,000	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	5,943,011,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	12,394,605,000	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	1,393,816,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	13,788,421,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	23,138,561,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,562,089,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,296,458,000	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	68,247,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	786,501,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	3,713,295,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	3,298,508,000	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	1,795,779,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,094,287,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	8,807,582,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	14,330,979,000	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)	14,330,979,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	23,138,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/26/2022 11:52 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		12,400,044,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,581,601				2.00
3.00	Total (sum of line 1 and line 2)		12,407,625,601		0		3.00
4.00	ADJUSTMENT TO FUND BALANCE	1,923,353,399		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)		1,923,353,399		0		10.00
11.00	Subtotal (line 3 plus line 10)		14,330,979,000		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)		14,330,979,000		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	ADJUSTMENT TO FUND BALANCE		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: 14-0030

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 11:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	171,740,800		171,740,800	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	171,740,800		171,740,800	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	39,731,598		39,731,598	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	39,731,598		39,731,598	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	211,472,398		211,472,398	17.00
18.00	Ancillary services	444,748,760	570,660,815	1,015,409,575	18.00
19.00	Outpatient services	0	226,320,381	226,320,381	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	656,221,158	796,981,196	1,453,202,354	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		336,064,512		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		336,064,512		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/26/2022 11:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,453,202,354	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,115,944,342	2.00
3.00	Net patient revenues (line 1 minus line 2)	337,258,012	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	336,064,512	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,193,500	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	497,602	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	6,701	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	161,277	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	2,242,584	23.00
24.00	OTHER AND CAPITATION	3,479,937	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	6,388,101	25.00
26.00	Total (line 5 plus line 25)	7,581,601	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)	7,581,601	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0030	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 11:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,042,001	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		120,917	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)		136.80	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.29	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.08	8.00
9.00	Sum of lines 7 and 8		19.37	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.00	10.00
11.00	Disproportionate share adjustment (see instructions)		121,680	11.00
12.00	Total prospective capital payments (see instructions)		3,284,598	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