

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: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet S Parts I-III Date/Time Prepared: 9/29/2021 10:22 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 9/29/2021	Time: 10:22 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WEST SUBURBAN HOSP MED CTR (14-0049) for the cost reporting period beginning 05/01/2020 and ending 04/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	832,794	-3,666	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
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	832,794	-3,666	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: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/29/2021 10:22 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3 ERIE COURT			PO Box:				1.00		
2.00	City: OAK PARK			State: IL		Zip Code: 60302		County: COOK 2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		WEST SUBURBAN HOSP MED CTR	140049	16974	1	07/01/1966	N	P	O 3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF		WEST SUBURBAN SNF	145743	16974		12/28/1992	N	P	N 9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2020	04/30/2021		20.00
21.00	Type of Control (see instructions)						4			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,536	87	6	1	9,450	435	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part I
Date/Time Prepared:
9/29/2021 10:22 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part I
Date/Time Prepared:
9/29/2021 10:22 am

	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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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From 05/01/2020
To 04/30/2021Worksheet S-2
Part I
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	26.00	0.000000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	24.00	0.000000	65.01
			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)	FAMILY MEDICINE	1350	0.00	0.00	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.01
67.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.02
			1.00	2.00	3.00		
	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N			75.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/29/2021 10:22 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	659,488		0		0118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.00	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/29/2021 10:22 am	
		1.00		2.00			
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
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: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet S-2 Part I Date/Time Prepared: 9/29/2021 10:22 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: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet S-2 Part II Date/Time Prepared: 9/29/2021 10:22 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	R	12/31/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/20/2021	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part II
Date/Time Prepared:
9/29/2021 10:22 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TAD	ERICKSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRE REIMBURSEMENT CONSULTING, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	602-799-2223	TAD@TRERCI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet 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.	PRESIDENT	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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/29/2021 10:22 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	114	41,610	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)		114	41,610	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,665	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)		135	49,275	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	44.00	39	14,235		0	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)		174			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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/29/2021 10:22 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)	5,349	691	20,984			1.00
2.00	HMO and other (see instructions)	5,025	9,979				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)	5,349	691	20,984			7.00
8.00	INTENSIVE CARE UNIT	847	213	3,816			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		496	2,793			13.00
14.00	Total (see instructions)	6,196	1,400	27,593	55.46	720.94	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	3,732	0	6,420	0.00	22.84	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)				55.46	743.78	27.00
28.00	Observation Bed Days		34	1,914			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	136	828			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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/29/2021 10:22 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	1,039	258	5,731	1.00
2.00 HMO and other (see instructions)			879	1,206		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	1,039	258	5,731	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	0.00					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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part II
Date/Time Prepared:
9/29/2021 10:22 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	56,242,638	0	56,242,638	1,547,091.42	36.35
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		1,734,114	0	1,734,114	22,004.23	78.81
5.00	Physician and Non Physician-Part B		470,327	0	470,327	4,777.31	98.45
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,556,894	3,556,894	125,131.21	28.43
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,894,475	0	1,894,475	47,515.93	39.87
10.00	Excluded area salaries (see instructions)		517,875	0	517,875	15,584.80	33.23
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,222,388	0	9,222,388	89,010.78	103.61
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,556,247	0	8,556,247		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		399,894	0	399,894		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		287,104	0	287,104		
23.00	Physician Part B		78,301	0	78,301		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part II
Date/Time Prepared:
9/29/2021 10:22 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	446,824	0	446,824	16,103.66	27.75	26.00
27.00	Administrative & General	5.00	7,534,238	0	7,534,238	223,479.31	33.71	27.00
28.00	Administrative & General under contract (see inst.)		146,887	0	146,887	1,408.00	104.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,564,128	0	1,564,128	55,343.72	28.26	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,072,661	0	1,072,661	63,331.78	16.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	935,648	0	935,648	48,191.39	19.42	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	110,529	0	110,529	7,805.23	14.16	38.00
39.00	Central Services and Supply	14.00	204,089	0	204,089	10,522.91	19.39	39.00
40.00	Pharmacy	15.00	1,699,677	0	1,699,677	32,280.08	52.65	40.00
41.00	Medical Records & Medical Records Library	16.00	1,178,910	0	1,178,910	49,450.84	23.84	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part III
Date/Time Prepared:
9/29/2021 10:22 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)	54,185,084	-3,556,894	50,628,190	1,396,586.67	36.25	1.00
2.00	Excluded area salaries (see instructions)	2,412,350	0	2,412,350	63,100.73	38.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,772,734	-3,556,894	48,215,840	1,333,485.94	36.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,222,388	0	9,222,388	89,010.78	103.61	4.00
5.00	Subtotal wage-related costs (see inst.)	8,556,247	0	8,556,247	0.00	17.75	5.00
6.00	Total (sum of lines 3 thru 5)	69,551,369	-3,556,894	65,994,475	1,422,496.72	46.39	6.00
7.00	Total overhead cost (see instructions)	14,893,591	0	14,893,591	507,916.92	29.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 9/29/2021 10:22 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		687,924	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,333,601	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		816,812	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		3,243,020	17.00
18.00	Medicare Taxes - Employers Portion Only		797,119	18.00
19.00	Unemployment Insurance		443,070	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,321,546	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: 14-0049

 Period:
 From 05/01/2020
 To 04/30/2021

 Worksheet S-3
 Part V
 Date/Time Prepared:
 9/29/2021 10:22 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	9,222,388	9,321,546	1.00
2.00	Hospital	9,222,388	9,321,546	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	0	0	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: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet S-10 Date/Time Prepared: 9/29/2021 10:22 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)			0.176641 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	21,619,278		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	13,654,480		5.00
6.00	Medicaid charges	273,590,906		6.00
7.00	Medicaid cost (line 1 times line 6)	48,327,371		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)	13,053,613		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	13,053,613		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)	16,148,236	31,443	16,179,679 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,852,441	31,443	2,883,884 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	2,852,441	31,443	2,883,884 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)	18,688,959		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,011,526		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,556,193		27.01
28.00	Non-Medicare bad debt expense (see instructions)	17,132,766		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,571,016		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	6,454,900		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	19,508,513		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A

Date/Time Prepared:
9/29/2021 10:22 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		0	0	1,686,269	1,686,269	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,015,941	3,015,941	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	446,824	7,863,978	8,310,802	-4,326	8,306,476	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,534,238	42,944,172	50,478,410	-4,424,515	46,053,895	5.00
7.00	00700	OPERATION OF PLANT	1,564,128	6,315,815	7,879,943	-17,604	7,862,339	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,311,222	2,311,222	-7,170	2,304,052	8.00
9.00	00900	HOUSEKEEPING	1,072,661	1,132,765	2,205,426	-23,832	2,181,594	9.00
10.00	01000	DIETARY	935,648	825,174	1,760,822	-9,214	1,751,608	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	110,529	2,745	113,274	0	113,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	204,089	3,832,064	4,036,153	-502,533	3,533,620	14.00
15.00	01500	PHARMACY	1,699,677	3,469,377	5,169,054	-2,790,293	2,378,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,178,910	268,447	1,447,357	-1	1,447,356	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,146,983	4,146,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,260,331	1,449,043	6,709,374	-4,146,983	2,562,391	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,921,496	6,112,509	14,034,005	-479,313	13,554,692	30.00
31.00	03100	INTENSIVE CARE UNIT	1,728,820	3,873,628	5,602,448	-287,164	5,315,284	31.00
43.00	04300	NURSERY	901,962	189,294	1,091,256	-65,167	1,026,089	43.00
44.00	04400	SKILLED NURSING FACILITY	1,894,475	406,794	2,301,269	-53,406	2,247,863	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,291,482	7,608,211	10,899,693	-6,845,580	4,054,113	50.00
51.00	05100	RECOVERY ROOM	704,168	88,833	793,001	-20,542	772,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,993,774	1,034,019	3,027,793	-205,707	2,822,086	52.00
53.00	05300	ANESTHESIOLOGY	107,008	5,237,828	5,344,836	-59,072	5,285,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,353,708	1,708,766	4,062,474	-320,058	3,742,416	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	765,806	431,259	1,197,065	-301,559	895,506	55.01
55.02	03630	ULTRA SOUND	801,978	129,354	931,332	-2,518	928,814	55.02
56.00	05600	RADIOISOTOPE	209,109	228,287	437,396	-95,102	342,294	56.00
57.00	05700	CT SCAN	736,756	227,081	963,837	-70,582	893,255	57.00
58.00	05800	MRI	248,830	51,277	300,107	-27,740	272,367	58.00
59.00	05900	CARDIAC CATHETERIZATION	525,527	2,153,670	2,679,197	-2,029,914	649,283	59.00
60.00	06000	LABORATORY	1,785,472	2,660,214	4,445,686	-468,728	3,976,958	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	584,487	584,487	-4,105	580,382	63.00
65.00	06500	RESPIRATORY THERAPY	779,179	499,121	1,278,300	-268,983	1,009,317	65.00
66.00	06600	PHYSICAL THERAPY	1,537,677	131,675	1,669,352	-19,848	1,649,504	66.00
67.00	06700	OCCUPATIONAL THERAPY	634,711	42,105	676,816	0	676,816	67.00
68.00	06800	SPEECH PATHOLOGY	164,888	6,755	171,643	0	171,643	68.00
69.00	06900	ELECTROCARDIOLOGY	495,809	200,093	695,902	-3,562	692,340	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,783,656	6,783,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,091,075	5,091,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,741,192	9,741,192	73.00
74.00	07400	RENAL DIALYSIS	0	888,324	888,324	-7,692	880,632	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,445,854	512,126	1,957,980	-288,381	1,669,599	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	844,133	5,953,517	6,797,650	-5,819,080	978,570	90.02
90.03	09001	WOUND CARE	79,688	916,994	996,682	-300,050	696,632	90.03
91.00	09100	EMERGENCY	3,765,418	6,618,563	10,383,981	-490,439	9,893,542	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,724,763	118,909,586	174,634,349	4,353	174,638,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	25	25	0	25	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	322,653	70,614	393,267	0	393,267	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	34,409	16,226	50,635	0	50,635	194.03
194.04	07954	PHYSICIAN CLINICS	19,110	11,767	30,877	-4,353	26,524	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	141,703	40,595	182,298	0	182,298	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	56,242,638	119,048,813	175,291,451	0	175,291,451	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A

Date/Time Prepared:
9/29/2021 10:22 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	0	1,686,269	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,015,941	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,306,476	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	745,734	46,799,629	5.00
7.00	00700	OPERATION OF PLANT	-8,447	7,853,892	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,304,052	8.00
9.00	00900	HOUSEKEEPING	0	2,181,594	9.00
10.00	01000	DIETARY	-113,575	1,638,033	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	113,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-23,779	3,509,841	14.00
15.00	01500	PHARMACY	0	2,378,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-101	1,447,255	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,146,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-757,169	1,805,222	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,504,938	12,049,754	30.00
31.00	03100	INTENSIVE CARE UNIT	-266,425	5,048,859	31.00
43.00	04300	NURSERY	0	1,026,089	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,247,863	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-17,300	4,036,813	50.00
51.00	05100	RECOVERY ROOM	0	772,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-33,916	2,788,170	52.00
53.00	05300	ANESTHESIOLOGY	-2,799,824	2,485,940	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-59,513	3,682,903	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	895,506	55.01
55.02	03630	ULTRA SOUND	0	928,814	55.02
56.00	05600	RADIOISOTOPE	-18,163	324,131	56.00
57.00	05700	CT SCAN	-37,680	855,575	57.00
58.00	05800	MRI	0	272,367	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	649,283	59.00
60.00	06000	LABORATORY	0	3,976,958	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	580,382	63.00
65.00	06500	RESPIRATORY THERAPY	-7,017	1,002,300	65.00
66.00	06600	PHYSICAL THERAPY	0	1,649,504	66.00
67.00	06700	OCCUPATIONAL THERAPY	-593,817	82,999	67.00
68.00	06800	SPEECH PATHOLOGY	0	171,643	68.00
69.00	06900	ELECTROCARDIOLOGY	-26,639	665,701	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	716	6,784,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,091,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-914,411	8,826,781	73.00
74.00	07400	RENAL DIALYSIS	0	880,632	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-333,899	1,335,700	90.00
90.01	04950	DIABETOLOGY	0	0	90.01
90.02	04951	CANCER CENTER	0	978,570	90.02
90.03	09001	WOUND CARE	-7,500	689,132	90.03
91.00	09100	EMERGENCY	-4,080,985	5,812,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,858,648	163,780,054	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	25	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	393,267	194.00
194.01	07951	HOSPITALIST	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	50,635	194.03
194.04	07954	PHYSICIAN CLINICS	0	26,524	194.04
194.05	07955	GUEST MEALS	0	0	194.05
194.06	07956	CATERING MEALS	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	182,298	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,858,648	164,432,803	200.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/29/2021 10:22 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL DEPRECIATION COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,850,860		1.00
	TOTALS		0	1,850,860		
	B - CAPITAL EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,142,878		1.00
2.00	CLINIC	90.00	0	1,859		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
	TOTALS		0	1,144,737		
	C - CAPITAL PROPERTY TAX COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,373,955		1.00
	TOTALS		0	1,373,955		
	D - CAPITAL PROPERTY INSURANCE COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	312,314		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	22,203		2.00
	TOTALS		0	334,517		
	E - CHARGEABLE PHARMACEUTICAL COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,741,192		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	9,741,192		
	F - LAUNDRY & LINEN COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	7,505		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

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/29/2021 10:22 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
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
TOTALS		0	7,505		
G - CHARGEABLE MEDICAL SUPPLY COSTS					
1.00	71.00	0	6,783,656		1.00
MEDICAL SUPPLIES CHARGED TO PATIENT					
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
TOTALS		0	6,783,656		
H - CHARGEABLE IMPLANT/DEVICE COSTS					
1.00	72.00	0	5,091,075		1.00
IMPL. DEV. CHARGED TO PATIENTS					
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
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
TOTALS		0	5,091,075		
I - INTERN & RESIDENTS SALARY/BENEFITS					
1.00	21.00	3,556,894	590,089		1.00
I&R SERVICES-SALARY & FRINGES APPRV					
TOTALS		3,556,894	590,089		
500.00	Grand Total: Increases	3,556,894	26,917,586		500.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/29/2021 10:22 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAPITAL DEPRECIATION COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,850,860	9		1.00
	TOTALS		0	1,850,860			
	B - CAPITAL EQUIPMENT RENTAL COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	217,774	10		1.00
2.00	OPERATION OF PLANT	7.00	0	17,526	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	14,675	0		3.00
4.00	HOUSEKEEPING	9.00	0	189	0		4.00
5.00	DIETARY	10.00	0	2,238	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	488,239	0		6.00
7.00	PHARMACY	15.00	0	13,961	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	25,096	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	20,576	0		9.00
10.00	NURSERY	43.00	0	35,640	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	21,663	0		11.00
12.00	OPERATING ROOM	50.00	0	111,946	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,128	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	63	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,423	0		15.00
16.00	CT SCAN	57.00	0	30	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	142,190	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	8,812	0		18.00
19.00	CANCER CENTER	90.02	0	873	0		19.00
20.00	WOUND CARE	90.03	0	695	0		20.00
	TOTALS		0	1,144,737			
	C - CAPITAL PROPERTY TAX COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,373,955	13		1.00
	TOTALS		0	1,373,955			
	D - CAPITAL PROPERTY INSURANCE COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	334,517	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	334,517			
	E - CHARGEABLE PHARMACEUTICAL COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,530	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	403,720	0		2.00
3.00	DIETARY	10.00	0	5,888	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	325	0		4.00
5.00	PHARMACY	15.00	0	2,767,696	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	70,744	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	51,756	0		7.00
8.00	NURSERY	43.00	0	2,409	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	1,955	0		9.00
10.00	OPERATING ROOM	50.00	0	49,176	0		10.00
11.00	RECOVERY ROOM	51.00	0	8,560	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	49,157	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	27,861	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,504	0		14.00
15.00	GASTRO INTESTINAL SERVICES	55.01	0	32,215	0		15.00
16.00	RADIOISOTOPE	56.00	0	92,105	0		16.00
17.00	CT SCAN	57.00	0	27,853	0		17.00
18.00	MRI	58.00	0	8,248	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	11,678	0		19.00
20.00	LABORATORY	60.00	0	4,079	0		20.00
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	3,850	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	380	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	107	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	188	0		24.00
25.00	RENAL DIALYSIS	74.00	0	4,167	0		25.00
26.00	CLINIC	90.00	0	215,517	0		26.00
27.00	CANCER CENTER	90.02	0	5,795,533	0		27.00
28.00	WOUND CARE	90.03	0	10,944	0		28.00
29.00	EMERGENCY	91.00	0	85,047	0		29.00
	TOTALS		0	9,741,192			
	F - LAUNDRY & LINEN COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	483	0		1.00
2.00	HOUSEKEEPING	9.00	0	2,292	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,593	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	450	0		4.00
5.00	NURSERY	43.00	0	132	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	88	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	617	0		7.00
8.00	GASTRO INTESTINAL SERVICES	55.01	0	299	0		8.00
9.00	RADIOISOTOPE	56.00	0	6	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/29/2021 10:22 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00	MRI	58.00	0	337	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	33	0	11.00
12.00	LABORATORY	60.00	0	110	0	12.00
13.00	CLINIC	90.00	0	231	0	13.00
14.00	WOUND CARE	90.03	0	28	0	14.00
15.00	EMERGENCY	91.00	0	806	0	15.00
	TOTALS		0	7,505		
G - CHARGEABLE MEDICAL SUPPLY COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	796	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	243,206	0	2.00
3.00	OPERATION OF PLANT	7.00	0	78	0	3.00
4.00	HOUSEKEEPING	9.00	0	21,351	0	4.00
5.00	DIETARY	10.00	0	984	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,969	0	6.00
7.00	PHARMACY	15.00	0	8,592	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	378,415	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	197,412	0	10.00
11.00	NURSERY	43.00	0	26,986	0	11.00
12.00	SKILLED NURSING FACILITY	44.00	0	29,788	0	12.00
13.00	OPERATING ROOM	50.00	0	3,896,602	0	13.00
14.00	RECOVERY ROOM	51.00	0	11,382	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	144,706	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	28,465	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	109,413	0	17.00
18.00	GASTRO INTESTINAL SERVICES	55.01	0	251,121	0	18.00
19.00	ULTRA SOUND	55.02	0	2,518	0	19.00
20.00	RADIOISOTOPE	56.00	0	2,991	0	20.00
21.00	CT SCAN	57.00	0	40,640	0	21.00
22.00	MRI	58.00	0	19,155	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	121,059	0	23.00
24.00	LABORATORY	60.00	0	464,387	0	24.00
25.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	255	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	126,413	0	26.00
27.00	PHYSICAL THERAPY	66.00	0	9,902	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	3,374	0	28.00
29.00	RENAL DIALYSIS	74.00	0	3,525	0	29.00
30.00	CLINIC	90.00	0	63,432	0	30.00
31.00	CANCER CENTER	90.02	0	22,396	0	31.00
32.00	WOUND CARE	90.03	0	145,771	0	32.00
33.00	EMERGENCY	91.00	0	390,218	0	33.00
34.00	PHYSICIAN CLINICS	194.04	0	4,353	0	34.00
	TOTALS		0	6,783,656		
H - CHARGEABLE IMPLANT/DEVICE COSTS						
1.00	DIETARY	10.00	0	104	0	1.00
2.00	PHARMACY	15.00	0	44	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3,465	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	16,970	0	4.00
5.00	OPERATING ROOM	50.00	0	2,787,856	0	5.00
6.00	RECOVERY ROOM	51.00	0	600	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,628	0	7.00
8.00	ANESTHESIOLOGY	53.00	0	2,683	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	188,101	0	9.00
10.00	GASTRO INTESTINAL SERVICES	55.01	0	17,924	0	10.00
11.00	CT SCAN	57.00	0	2,059	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,897,144	0	12.00
13.00	LABORATORY	60.00	0	152	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	1,027	0	14.00
15.00	CLINIC	90.00	0	11,060	0	15.00
16.00	CANCER CENTER	90.02	0	278	0	16.00
17.00	WOUND CARE	90.03	0	142,612	0	17.00
18.00	EMERGENCY	91.00	0	14,368	0	18.00
	TOTALS		0	5,091,075		
I - INTERN & RESIDENTS SALARY/BENEFITS						
1.00	I&R SERVICES-OTHER PRGM	22.00	3,556,894	590,089	0	1.00
	COSTS APPRV					
	TOTALS		3,556,894	590,089		
500.00	Grand Total: Decreases		3,556,894	26,917,586		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet A-7
Part I
Date/Time Prepared:
9/29/2021 10:22 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	0	0	0	0	0	3.00	
4.00	Building Improvements	1,647,671	2,251,067	0	2,251,067	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	6,695,101	2,775,044	0	2,775,044	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	8,342,772	5,026,111	0	5,026,111	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	8,342,772	5,026,111	0	5,026,111	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	0	0				3.00	
4.00	Building Improvements	3,898,738	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	9,470,145	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	13,368,883	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	13,368,883	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet A-7
Part II
Date/Time Prepared:
9/29/2021 10:22 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet A-7
Part III
Date/Time Prepared:
9/29/2021 10:22 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	3,898,738	0	3,898,738	0.291628	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,470,145	0	9,470,145	0.708372	0	2.00
3.00	Total (sum of lines 1-2)	13,368,883	0	13,368,883	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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,850,860	1,142,878	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,850,860	1,142,878	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	312,314	1,373,955	0	1,686,269	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	22,203	0	0	3,015,941	2.00
3.00	Total (sum of lines 1-2)	0	334,517	1,373,955	0	4,702,210	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-8

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-6,402	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-2,125	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-21,278	CENTRAL SERVICES & SUPPLY	14.00	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	-96,692	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-8,756	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	309	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,232,312			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-97,194	DIETARY	10.00	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	B	716	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-101	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-16,381	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RADIOLOGY OTHER REVENUE	B	-90	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-8

Date/Time Prepared:
9/29/2021 10:22 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 RENTAL INCOME	B	-186,468	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 OBSTETRICS OTHER REVENUE	B	-1,333	DELIVERY ROOM & LABOR ROOM	52.00	0	33.02
33.03 CLINIC OTHER REVENUE	B	-868	CLINIC	90.00	0	33.03
33.04 MEDICAL RESIDENCY OTHER REVENUE	B	42,382	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.04
33.05 CANCER CENTER PHARMACY REVENUE	B	-914,411	DRUGS CHARGED TO PATIENTS	73.00	0	33.05
33.06 OTHER/MISCELLANEOUS REVENUE	B	-6,752	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 OCCUPATIONAL MEDICINE OTHER REVENUE	B	-593,817	OCCUPATIONAL THERAPY	67.00	0	33.07
33.08 IL HOSPITAL ASSOC DUES (LOBBYING)	A	-58,218	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 NON-ALLOWABLE MEALS	A	-6,212	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 NON-ALLOWABLE LATE FEES	A	-376	CENTRAL SERVICES & SUPPLY	14.00	0	33.10
33.11 PATIENT TRANSPORTATION	A	-31,789	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 NON-ALLOWABLE PURCHASED SERVICES	A	-3,064	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 VALET PARKING COSTS	A	-89,773	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 REVERSE PY BUILDING RENT CREDIT	A	1,472,357	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,858,648				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-8-2

Date/Time Prepared:
9/29/2021 10:22 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 & GENERAL	241,253	241,253	0	211,500	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	799,551	799,551	0	211,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,504,938	1,504,938	0	211,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	266,425	266,425	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	17,300	17,300	0	246,400	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	32,583	32,583	0	237,100	0	6.00
7.00	53.00	ANESTHESIOLOGY	2,799,824	2,799,824	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	59,423	59,423	0	271,900	0	8.00
9.00	56.00	RADIOISOTOPE	18,163	18,163	0	271,900	0	9.00
10.00	57.00	CT SCAN	37,680	37,680	0	211,500	0	10.00
11.00	65.00	RESPIRATORY THERAPY	7,017	7,017	0	211,500	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	26,639	26,639	0	211,500	0	12.00
13.00	90.00	CLINIC	333,031	333,031	0	179,000	0	13.00
14.00	90.03	WOUND CARE	7,500	7,500	0	179,000	0	14.00
15.00	91.00	EMERGENCY	4,080,985	4,080,985	0	211,500	0	15.00
200.00			10,232,312	10,232,312	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	56.00	RADIOISOTOPE	0	0	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	90.00	CLINIC	0	0	0	0	0	13.00
14.00	90.03	WOUND CARE	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	241,253		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	799,551		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,504,938		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	266,425		4.00
5.00	50.00	OPERATING ROOM	0	0	0	17,300		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	32,583		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,799,824		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	59,423		8.00
9.00	56.00	RADIOISOTOPE	0	0	0	18,163		9.00
10.00	57.00	CT SCAN	0	0	0	37,680		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	7,017		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	26,639		12.00
13.00	90.00	CLINIC	0	0	0	333,031		13.00
14.00	90.03	WOUND CARE	0	0	0	7,500		14.00
15.00	91.00	EMERGENCY	0	0	0	4,080,985		15.00
200.00			0	0	0	10,232,312		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part I
Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,686,269	1,686,269			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,015,941		3,015,941		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,306,476	0	0	8,306,476	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	46,799,629	109,412	195,685	1,121,645	5.00
7.00	00700	OPERATION OF PLANT	7,853,892	436,479	780,657	232,856	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,304,052	5,652	10,109	0	8.00
9.00	00900	HOUSEKEEPING	2,181,594	12,513	22,380	159,690	9.00
10.00	01000	DIETARY	1,638,033	56,594	101,219	139,293	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	113,274	4,888	8,743	16,455	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,509,841	20,486	36,640	30,383	14.00
15.00	01500	PHARMACY	2,378,761	12,251	21,910	253,036	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,447,255	2,398	4,288	175,508	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,146,983	0	0	529,525	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,805,222	27,015	48,317	253,596	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,049,754	213,649	382,117	1,179,279	30.00
31.00	03100	INTENSIVE CARE UNIT	5,048,859	52,297	93,534	257,375	31.00
43.00	04300	NURSERY	1,026,089	2,716	4,858	134,278	43.00
44.00	04400	SKILLED NURSING FACILITY	2,247,863	53,738	96,111	282,036	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,036,813	94,558	169,118	490,013	50.00
51.00	05100	RECOVERY ROOM	772,459	0	0	104,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,788,170	58,430	104,504	296,819	52.00
53.00	05300	ANESTHESIOLOGY	2,485,940	2,361	4,223	15,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,682,903	68,174	157,548	350,404	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	895,506	64,800	115,895	114,008	55.01
55.02	03630	ULTRA SOUND	928,814	0	0	119,393	55.02
56.00	05600	RADIOISOTOPE	324,131	9,557	17,094	31,131	56.00
57.00	05700	CT SCAN	855,575	0	25,979	109,683	57.00
58.00	05800	MRI	272,367	0	0	37,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	649,283	10,182	18,210	78,237	59.00
60.00	06000	LABORATORY	3,976,958	48,786	87,256	265,809	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	580,382	2,248	4,021	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,002,300	11,593	20,734	115,999	65.00
66.00	06600	PHYSICAL THERAPY	1,649,504	8,169	56,769	228,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,999	0	0	94,491	67.00
68.00	06800	SPEECH PATHOLOGY	171,643	4,968	8,885	24,547	68.00
69.00	06900	ELECTROCARDIOLOGY	665,701	9,375	45,864	73,813	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,784,372	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,091,075	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,826,781	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	880,632	1,777	3,178	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,335,700	20,769	37,145	215,249	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	978,570	0	76,101	125,669	90.02
90.03	09001	WOUND CARE	689,132	0	0	11,863	90.03
91.00	09100	EMERGENCY	5,812,557	125,528	224,509	560,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,780,054	1,551,363	2,983,601	8,229,378	163,535,710
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	25	7,316	13,084	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	116,824	0	0	192.00
194.00	07950	MARKETING	393,267	0	0	48,034	194.00
194.01	07951	HOSPITALIST	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	50,635	0	0	5,123	194.03
194.04	07954	PHYSICIAN CLINICS	26,524	10,766	19,256	2,845	194.04
194.05	07955	GUEST MEALS	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	182,298	0	0	21,096	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	164,432,803	1,686,269	3,015,941	8,306,476	164,432,803

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,226,371					5.00
7.00	00700	OPERATION OF PLANT	3,861,168	13,165,052				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	962,736	65,250	3,347,799			8.00
9.00	00900	HOUSEKEEPING	986,128	144,455	0	3,506,760		9.00
10.00	01000	DIETARY	803,094	653,345	21,464	176,848	3,589,890	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,182,344	11.00
13.00	01300	NURSING ADMINISTRATION	59,495	56,433	0	15,275	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,492,922	236,503	81,384	64,017	0	14.00
15.00	01500	PHARMACY	1,106,389	141,427	0	38,281	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	676,231	27,680	0	7,492	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,940,779	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	885,685	311,874	0	84,418	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,737,378	2,466,474	1,162,829	667,626	1,326,729	30.00
31.00	03100	INTENSIVE CARE UNIT	2,262,640	603,737	311,056	163,420	241,272	31.00
43.00	04300	NURSERY	484,703	31,360	43,192	8,489	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,112,111	620,375	267,531	167,924	405,913	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,988,087	1,091,618	158,353	295,480	0	50.00
51.00	05100	RECOVERY ROOM	364,081	0	40,200	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,347,908	674,546	109,083	182,586	0	52.00
53.00	05300	ANESTHESIOLOGY	1,041,024	27,258	0	7,378	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,767,523	787,028	167,774	213,033	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	493,944	748,077	70,680	202,490	0	55.01
55.02	03630	ULTRA SOUND	435,012	0	25,180	0	0	55.02
56.00	05600	RADIOISOTOPE	158,496	110,335	0	29,866	0	56.00
57.00	05700	CT SCAN	411,369	0	0	0	0	57.00
58.00	05800	MRI	128,407	0	26,985	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	313,708	117,542	33,810	31,816	0	59.00
60.00	06000	LABORATORY	1,817,232	563,214	0	152,451	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	243,464	25,954	0	7,025	0	63.00
65.00	06500	RESPIRATORY THERAPY	477,517	133,836	0	36,227	0	65.00
66.00	06600	PHYSICAL THERAPY	806,506	94,310	56,213	25,528	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	73,659	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	87,169	57,353	0	15,524	0	68.00
69.00	06900	ELECTROCARDIOLOGY	329,827	108,226	11,998	29,295	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,815,555	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,112,827	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,663,167	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	367,524	20,510	4,958	5,552	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	667,688	239,762	31,993	64,899	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	489,848	0	20,583	0	0	90.02
90.03	09001	WOUND CARE	290,917	0	13,150	0	0	90.03
91.00	09100	EMERGENCY	2,790,153	1,449,153	689,383	392,257	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,854,071	11,607,635	3,347,799	3,085,197	3,156,258	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8,476	84,457	0	22,861	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	48,483	1,348,670	0	365,059	433,632	192.00
194.00	07950	MARKETING	183,143	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	23,140	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	24,648	124,290	0	33,643	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	84,410	0	0	0	0	194.07
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)	48,226,371	13,165,052	3,347,799	3,506,760	3,589,890	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,182,344					11.00
13.00	01300	NURSING ADMINISTRATION	2,924	277,487				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,400	0	5,477,576			14.00
15.00	01500	PHARMACY	44,968	0	0	3,997,023		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,190	0	0	0	2,372,042	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	94,105	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	45,068	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209,585	94,964	0	0	232,100	30.00
31.00	03100	INTENSIVE CARE UNIT	45,739	24,602	0	0	64,906	31.00
43.00	04300	NURSERY	23,863	12,167	0	0	22,745	43.00
44.00	04400	SKILLED NURSING FACILITY	50,122	21,230	0	0	11,344	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,083	27,643	0	0	226,074	50.00
51.00	05100	RECOVERY ROOM	18,630	8,480	0	0	43,693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,749	24,706	0	0	51,873	52.00
53.00	05300	ANESTHESIOLOGY	2,831	0	0	0	44,977	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,272	1,436	0	0	97,052	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	20,261	7,117	0	0	72,685	55.01
55.02	03630	ULTRA SOUND	21,218	0	0	0	43,620	55.02
56.00	05600	RADIOISOTOPE	5,532	0	0	0	12,367	56.00
57.00	05700	CT SCAN	19,492	0	0	0	143,506	57.00
58.00	05800	MRI	6,583	0	0	0	34,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,904	3,008	0	0	55,156	59.00
60.00	06000	LABORATORY	47,238	3	0	0	224,066	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	15,315	63.00
65.00	06500	RESPIRATORY THERAPY	20,615	9	0	0	49,178	65.00
66.00	06600	PHYSICAL THERAPY	40,682	0	0	0	49,750	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,793	0	0	0	20,314	67.00
68.00	06800	SPEECH PATHOLOGY	4,362	0	0	0	4,166	68.00
69.00	06900	ELECTROCARDIOLOGY	13,118	1,399	0	0	33,217	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,738,790	0	81,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,738,786	0	59,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,997,023	344,550	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,512	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,253	2,165	0	0	34,034	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	22,333	3,905	0	0	23,924	90.02
90.03	09001	WOUND CARE	2,108	0	0	0	21,724	90.03
91.00	09100	EMERGENCY	99,622	44,653	0	0	248,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,168,643	277,487	5,477,576	3,997,023	2,372,042	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	8,536	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	910	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	506	0	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	3,749	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,182,344	277,487	5,477,576	3,997,023	2,372,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,711,392					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		3,461,195				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,711,392	3,461,195	35,895,071	-10,172,587	25,722,484	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	9,169,437	0	9,169,437	31.00
43.00	04300	NURSERY	0	0	1,794,460	0	1,794,460	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	5,336,298	0	5,336,298	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,664,840	0	8,664,840	50.00
51.00	05100	RECOVERY ROOM	0	0	1,352,375	0	1,352,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,691,374	0	5,691,374	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,631,923	0	3,631,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,355,147	0	7,355,147	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	2,805,463	0	2,805,463	55.01
55.02	03630	ULTRA SOUND	0	0	1,573,237	0	1,573,237	55.02
56.00	05600	RADIOISOTOPE	0	0	698,509	0	698,509	56.00
57.00	05700	CT SCAN	0	0	1,565,604	0	1,565,604	57.00
58.00	05800	MRI	0	0	506,292	0	506,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,324,856	0	1,324,856	59.00
60.00	06000	LABORATORY	0	0	7,183,013	0	7,183,013	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	878,409	0	878,409	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,868,008	0	1,868,008	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,016,350	0	3,016,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	288,256	0	288,256	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	378,617	0	378,617	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,321,833	0	1,321,833	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,420,299	0	12,420,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,001,874	0	10,001,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,831,521	0	16,831,521	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,289,643	0	1,289,643	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,687,657	0	2,687,657	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	1,740,933	0	1,740,933	90.02
90.03	09001	WOUND CARE	0	0	1,028,894	0	1,028,894	90.03
91.00	09100	EMERGENCY	0	0	12,436,904	0	12,436,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,711,392	3,461,195	160,737,097	-10,172,587	150,564,510	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	136,219	0	136,219	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	2,312,668	0	2,312,668	192.00
194.00	07950	MARKETING	0	0	632,980	0	632,980	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	79,808	0	79,808	194.03
194.04	07954	PHYSICIAN CLINICS	0	0	242,478	0	242,478	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	291,553	0	291,553	194.07
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)	6,711,392	3,461,195	164,432,803	-10,172,587	154,260,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	109,412	195,685	305,097	5.00
7.00	00700	OPERATION OF PLANT	0	436,479	780,657	1,217,136	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,652	10,109	15,761	8.00
9.00	00900	HOUSEKEEPING	0	12,513	22,380	34,893	9.00
10.00	01000	DIETARY	0	56,594	101,219	157,813	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,888	8,743	13,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,486	36,640	57,126	14.00
15.00	01500	PHARMACY	0	12,251	21,910	34,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,398	4,288	6,686	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	27,015	48,317	75,332	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	213,649	382,117	595,766	30.00
31.00	03100	INTENSIVE CARE UNIT	0	52,297	93,534	145,831	31.00
43.00	04300	NURSERY	0	2,716	4,858	7,574	43.00
44.00	04400	SKILLED NURSING FACILITY	0	53,738	96,111	149,849	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	94,558	169,118	263,676	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,430	104,504	162,934	52.00
53.00	05300	ANESTHESIOLOGY	0	2,361	4,223	6,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,174	157,548	225,722	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	64,800	115,895	180,695	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	9,557	17,094	26,651	56.00
57.00	05700	CT SCAN	0	0	25,979	25,979	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,182	18,210	28,392	59.00
60.00	06000	LABORATORY	0	48,786	87,256	136,042	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,248	4,021	6,269	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,593	20,734	32,327	65.00
66.00	06600	PHYSICAL THERAPY	0	8,169	56,769	64,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,968	8,885	13,853	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,375	45,864	55,239	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,777	3,178	4,955	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	20,769	37,145	57,914	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	76,101	76,101	90.02
90.03	09001	WOUND CARE	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	125,528	224,509	350,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,551,363	2,983,601	4,534,964	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	7,316	13,084	20,400	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	116,824	0	116,824	192.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	10,766	19,256	30,022	194.04
194.05	07955	GUEST MEALS	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,686,269	3,015,941	4,702,210	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	305,097					5.00
7.00	00700	OPERATION OF PLANT	24,423	1,241,559				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,090	6,154	28,005			8.00
9.00	00900	HOUSEKEEPING	6,237	13,623	0	54,753		9.00
10.00	01000	DIETARY	5,080	61,615	180	2,761	227,449	10.00
11.00	01100	CAFETERIA	0	0	0	0	74,911	11.00
13.00	01300	NURSING ADMINISTRATION	376	5,322	0	239	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,443	22,304	681	1,000	0	14.00
15.00	01500	PHARMACY	6,998	13,338	0	598	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,277	2,610	0	117	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	12,276	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,602	29,412	0	1,318	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,347	232,607	9,728	10,422	84,059	30.00
31.00	03100	INTENSIVE CARE UNIT	14,312	56,937	2,602	2,552	15,287	31.00
43.00	04300	NURSERY	3,066	2,957	361	133	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,034	58,506	2,238	2,622	25,718	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,575	102,947	1,325	4,613	0	50.00
51.00	05100	RECOVERY ROOM	2,303	0	336	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,526	63,615	912	2,851	0	52.00
53.00	05300	ANESTHESIOLOGY	6,585	2,571	0	115	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,180	74,222	1,403	3,326	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	3,124	70,549	591	3,162	0	55.01
55.02	03630	ULTRA SOUND	2,752	0	211	0	0	55.02
56.00	05600	RADIOISOTOPE	1,003	10,405	0	466	0	56.00
57.00	05700	CT SCAN	2,602	0	0	0	0	57.00
58.00	05800	MRI	812	0	226	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,984	11,085	283	497	0	59.00
60.00	06000	LABORATORY	11,494	53,115	0	2,380	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,540	2,448	0	110	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,020	12,622	0	566	0	65.00
66.00	06600	PHYSICAL THERAPY	5,101	8,894	470	399	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	466	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	551	5,409	0	242	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,086	10,207	100	457	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,809	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,364	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,170	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,325	1,934	41	87	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,223	22,611	268	1,013	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	3,098	0	172	0	0	90.02
90.03	09001	WOUND CARE	1,840	0	110	0	0	90.03
91.00	09100	EMERGENCY	17,648	136,665	5,767	6,125	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,742	1,094,684	28,005	48,171	199,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	54	7,965	0	357	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	307	127,189	0	5,700	27,474	192.00
194.00	07950	MARKETING	1,158	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	146	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	156	11,721	0	525	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	534	0	0	0	0	194.07
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)	305,097	1,241,559	28,005	54,753	227,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	74,911					11.00
13.00	01300	NURSING ADMINISTRATION	185	19,753				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342	0	90,896			14.00
15.00	01500	PHARMACY	2,849	0	0	57,944		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,976	0	0	0	15,666	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,961	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,855	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,288	6,759	0	0	1,501	30.00
31.00	03100	INTENSIVE CARE UNIT	2,898	1,751	0	0	420	31.00
43.00	04300	NURSERY	1,512	866	0	0	147	43.00
44.00	04400	SKILLED NURSING FACILITY	3,175	1,511	0	0	73	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,517	1,968	0	0	1,462	50.00
51.00	05100	RECOVERY ROOM	1,180	604	0	0	283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,342	1,759	0	0	336	52.00
53.00	05300	ANESTHESIOLOGY	179	0	0	0	291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,945	102	0	0	628	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	1,283	507	0	0	470	55.01
55.02	03630	ULTRA SOUND	1,344	0	0	0	282	55.02
56.00	05600	RADIOISOTOPE	350	0	0	0	80	56.00
57.00	05700	CT SCAN	1,235	0	0	0	928	57.00
58.00	05800	MRI	417	0	0	0	226	58.00
59.00	05900	CARDIAC CATHETERIZATION	881	214	0	0	357	59.00
60.00	06000	LABORATORY	2,992	0	0	0	1,449	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	99	63.00
65.00	06500	RESPIRATORY THERAPY	1,306	1	0	0	318	65.00
66.00	06600	PHYSICAL THERAPY	2,577	0	0	0	322	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,064	0	0	0	131	67.00
68.00	06800	SPEECH PATHOLOGY	276	0	0	0	27	68.00
69.00	06900	ELECTROCARDIOLOGY	831	100	0	0	215	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	45,446	0	528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,450	0	383	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,944	2,551	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	36	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,423	154	0	0	220	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	1,415	278	0	0	155	90.02
90.03	09001	WOUND CARE	134	0	0	0	141	90.03
91.00	09100	EMERGENCY	6,311	3,179	0	0	1,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,043	19,753	90,896	57,944	15,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	541	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	58	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	32	0	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	237	0	0	0	0	194.07
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)	74,911	19,753	90,896	57,944	15,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,237					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		114,519				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			990,477	0	990,477	30.00
31.00	03100	INTENSIVE CARE UNIT			242,590	0	242,590	31.00
43.00	04300	NURSERY			16,616	0	16,616	43.00
44.00	04400	SKILLED NURSING FACILITY			250,726	0	250,726	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			394,083	0	394,083	50.00
51.00	05100	RECOVERY ROOM			4,706	0	4,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			244,275	0	244,275	52.00
53.00	05300	ANESTHESIOLOGY			16,325	0	16,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			320,528	0	320,528	54.00
55.01	03340	GASTRO INTESTINAL SERVICES			260,381	0	260,381	55.01
55.02	03630	ULTRA SOUND			4,589	0	4,589	55.02
56.00	05600	RADIOISOTOPE			38,955	0	38,955	56.00
57.00	05700	CT SCAN			30,744	0	30,744	57.00
58.00	05800	MRI			1,681	0	1,681	58.00
59.00	05900	CARDIAC CATHETERIZATION			43,693	0	43,693	59.00
60.00	06000	LABORATORY			207,472	0	207,472	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.			10,466	0	10,466	63.00
65.00	06500	RESPIRATORY THERAPY			50,160	0	50,160	65.00
66.00	06600	PHYSICAL THERAPY			82,701	0	82,701	66.00
67.00	06700	OCCUPATIONAL THERAPY			1,661	0	1,661	67.00
68.00	06800	SPEECH PATHOLOGY			20,358	0	20,358	68.00
69.00	06900	ELECTROCARDIOLOGY			69,235	0	69,235	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			63,783	0	63,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			59,197	0	59,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			83,665	0	83,665	73.00
74.00	07400	RENAL DIALYSIS			9,378	0	9,378	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			88,826	0	88,826	90.00
90.01	04950	DIABETOLOGY			0	0	0	90.01
90.02	04951	CANCER CENTER			81,219	0	81,219	90.02
90.03	09001	WOUND CARE			2,225	0	2,225	90.03
91.00	09100	EMERGENCY			527,339	0	527,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,218,054	0	4,218,054	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			28,776	0	28,776	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			277,494	0	277,494	192.00
194.00	07950	MARKETING			1,699	0	1,699	194.00
194.01	07951	HOSPITALIST			0	0	0	194.01
194.02	07952	RETAIL PHARMACY			0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS			204	0	204	194.03
194.04	07954	PHYSICIAN CLINICS			42,456	0	42,456	194.04
194.05	07955	GUEST MEALS			0	0	0	194.05
194.06	07956	CATERING MEALS			0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB			771	0	771	194.07
200.00		Cross Foot Adjustments	18,237	114,519	132,756	0	132,756	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,237	114,519	4,702,210	0	4,702,210	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	507,784				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		507,786			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	55,795,814		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,947	32,947	7,534,238	-48,226,371	5.00
7.00	00700	OPERATION OF PLANT	131,437	131,437	1,564,128	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,702	1,702	0	0	8.00
9.00	00900	HOUSEKEEPING	3,768	3,768	1,072,661	0	9.00
10.00	01000	DIETARY	17,042	17,042	935,648	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,472	1,472	110,529	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,169	6,169	204,089	0	14.00
15.00	01500	PHARMACY	3,689	3,689	1,699,677	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	722	722	1,178,910	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,556,894	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,135	8,135	1,703,437	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	64,336	64,336	7,921,496	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,748	15,748	1,728,820	0	31.00
43.00	04300	NURSERY	818	818	901,962	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	16,182	1,894,475	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,474	28,474	3,291,482	0	50.00
51.00	05100	RECOVERY ROOM	0	0	704,168	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,595	17,595	1,993,774	0	52.00
53.00	05300	ANESTHESIOLOGY	711	711	107,008	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	20,529	2,353,708	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	19,513	19,513	765,806	0	55.01
55.02	03630	ULTRA SOUND	0	0	801,978	0	55.02
56.00	05600	RADIOISOTOPE	2,878	2,878	209,109	0	56.00
57.00	05700	CT SCAN	0	4,374	736,756	0	57.00
58.00	05800	MRI	0	0	248,830	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,066	3,066	525,527	0	59.00
60.00	06000	LABORATORY	14,691	14,691	1,785,472	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	677	677	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,491	3,491	779,179	0	65.00
66.00	06600	PHYSICAL THERAPY	2,460	9,558	1,537,677	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	634,711	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,496	1,496	164,888	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,823	7,722	495,809	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	535	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,254	6,254	1,445,854	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	12,813	844,133	0	90.02
90.03	09001	WOUND CARE	0	0	79,688	0	90.03
91.00	09100	EMERGENCY	37,800	37,800	3,765,418	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	467,160	502,341	55,277,939	-48,226,371	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,203	2,203	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	35,179	0	0	0	192.00
194.00	07950	MARKETING	0	0	322,653	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	34,409	0	194.03
194.04	07954	PHYSICIAN CLINICS	3,242	3,242	19,110	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	141,703	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,686,269	3,015,941	8,306,476	48,226,371	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.320839	5.939394	0.148873	0.415006	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			0		305,097	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.002625	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: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	343,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,702	2,589,654			8.00
9.00	00900	HOUSEKEEPING	3,768	0	337,930		9.00
10.00	01000	DIETARY	17,042	16,603	17,042	333,365	10.00
11.00	01100	CAFETERIA	0	0	0	109,795	11.00
13.00	01300	NURSING ADMINISTRATION	1,472	0	1,472	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,169	62,954	6,169	0	14.00
15.00	01500	PHARMACY	3,689	0	3,689	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	722	0	722	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,556,894	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,135	0	8,135	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	64,336	899,493	64,336	123,203	30.00
31.00	03100	INTENSIVE CARE UNIT	15,748	240,614	15,748	22,405	31.00
43.00	04300	NURSERY	818	33,411	818	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	206,946	16,182	37,694	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,474	122,492	28,474	0	50.00
51.00	05100	RECOVERY ROOM	0	31,096	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,595	84,380	17,595	0	52.00
53.00	05300	ANESTHESIOLOGY	711	0	711	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	129,780	20,529	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	19,513	54,674	19,513	0	55.01
55.02	03630	ULTRA SOUND	0	19,478	0	0	55.02
56.00	05600	RADIOISOTOPE	2,878	0	2,878	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	20,874	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,066	26,153	3,066	0	59.00
60.00	06000	LABORATORY	14,691	0	14,691	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	677	0	677	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,491	0	3,491	0	65.00
66.00	06600	PHYSICAL THERAPY	2,460	43,483	2,460	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,496	0	1,496	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,823	9,281	2,823	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	3,835	535	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,254	24,748	6,254	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	15,922	0	0	90.02
90.03	09001	WOUND CARE	0	10,172	0	0	90.03
91.00	09100	EMERGENCY	37,800	533,265	37,800	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,776	2,589,654	297,306	293,097	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,203	0	2,203	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	35,179	0	35,179	40,268	192.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	3,242	0	3,242	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	194.07
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)	13,165,052	3,347,799	3,506,760	3,589,890	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.337368	1.292759	10.377179	10.768647	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,241,559	28,005	54,753	227,449	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	3.615489	0.010814	0.162025	0.682282	0.001676	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: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	427,738					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,567,312				14.00
15.00	01500	PHARMACY	0	0	9,741,192			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	852,375,508		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	115,359	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,382	0	0	83,399,211	115,359	30.00
31.00	03100	INTENSIVE CARE UNIT	37,924	0	0	23,322,453	0	31.00
43.00	04300	NURSERY	18,755	0	0	8,172,734	0	43.00
44.00	04400	SKILLED NURSING FACILITY	32,725	0	0	4,076,227	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,611	0	0	81,233,951	0	50.00
51.00	05100	RECOVERY ROOM	13,071	0	0	15,700,089	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,084	0	0	18,639,193	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,161,258	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,214	0	0	34,873,011	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	10,971	0	0	26,117,565	0	55.01
55.02	03630	ULTRA SOUND	0	0	0	15,673,690	0	55.02
56.00	05600	RADIOISOTOPE	0	0	0	4,443,910	0	56.00
57.00	05700	CT SCAN	0	0	0	51,565,118	0	57.00
58.00	05800	MRI	0	0	0	12,542,598	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,637	0	0	19,818,802	0	59.00
60.00	06000	LABORATORY	5	0	0	80,512,352	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	5,502,932	0	63.00
65.00	06500	RESPIRATORY THERAPY	14	0	0	17,671,017	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,876,317	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,299,282	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,496,939	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,156	0	0	11,935,643	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,783,656	0	29,314,406	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,783,656	0	21,266,981	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,741,192	123,848,203	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,980,769	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,338	0	0	12,229,237	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	6,019	0	0	8,596,380	0	90.02
90.03	09001	WOUND CARE	0	0	0	7,805,972	0	90.03
91.00	09100	EMERGENCY	68,832	0	0	89,299,268	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	427,738	13,567,312	9,741,192	852,375,508	115,359	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	0	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	0	194.07
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)	277,487	5,477,576	3,997,023	2,372,042	6,711,392	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.648731	0.403733	0.410322	0.002783	58.178313	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	19,753	90,896	57,944	15,666	18,237	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.046180	0.006700	0.005948	0.000018	0.158089	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: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	115,359		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	115,359		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0		55.01
55.02	03630	ULTRA SOUND	0		55.02
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		63.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0		90.00
90.01	04950	DIABETOLOGY	0		90.01
90.02	04951	CANCER CENTER	0		90.02
90.03	09001	WOUND CARE	0		90.03
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115,359		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		192.00
194.00	07950	MARKETING	0		194.00
194.01	07951	HOSPITALIST	0		194.01
194.02	07952	RETAIL PHARMACY	0		194.02
194.03	07953	COMMUNITY RELATIONS	0		194.03
194.04	07954	PHYSICIAN CLINICS	0		194.04
194.05	07955	GUEST MEALS	0		194.05
194.06	07956	CATERING MEALS	0		194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0		194.07
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)	3,461,195		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.003684		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	114,519		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.992718		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

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/29/2021 10:22 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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,448,665		78,448,665			30.00	
31.00	03100	INTENSIVE CARE UNIT	23,322,453		23,322,453			31.00	
43.00	04300	NURSERY	8,172,734		8,172,734			43.00	
44.00	04400	SKILLED NURSING FACILITY	4,076,227		4,076,227			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,355,985	45,877,966	81,233,951	0.106665	0.000000	50.00	
51.00	05100	RECOVERY ROOM	7,859,791	7,840,298	15,700,089	0.086138	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,047,272	591,921	18,639,193	0.305344	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	11,181,443	4,979,815	16,161,258	0.224730	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,744,587	29,128,424	34,873,011	0.210912	0.000000	54.00	
55.01	03340	GASTRO INTESTINAL SERVICES	4,290,422	21,827,143	26,117,565	0.107417	0.000000	55.01	
55.02	03630	ULTRA SOUND	2,971,430	12,702,260	15,673,690	0.100374	0.000000	55.02	
56.00	05600	RADIOISOTOPE	2,072,938	2,370,972	4,443,910	0.157183	0.000000	56.00	
57.00	05700	CT SCAN	17,336,260	34,228,858	51,565,118	0.030362	0.000000	57.00	
58.00	05800	MRI	2,836,493	9,706,105	12,542,598	0.040366	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,968,405	9,850,397	19,818,802	0.066848	0.000000	59.00	
60.00	06000	LABORATORY	51,972,026	28,540,326	80,512,352	0.089216	0.000000	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,342,769	1,160,163	5,502,932	0.159626	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	15,979,791	1,691,226	17,671,017	0.105710	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,308,713	6,567,604	17,876,317	0.168734	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	7,186,267	113,015	7,299,282	0.039491	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,430,954	65,985	1,496,939	0.252927	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,462,876	5,472,767	11,935,643	0.110747	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,725,178	15,589,228	29,314,406	0.423693	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,358,485	12,908,496	21,266,981	0.470301	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	63,593,606	60,254,597	123,848,203	0.135904	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,933,715	47,054	1,980,769	0.651082	0.000000	74.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57,076	12,172,161	12,229,237	0.219773	0.000000	90.00	
90.01	04950	DIABETOLOGY	0	0	0	0.000000	0.000000	90.01	
90.02	04951	CANCER CENTER	10,862	8,585,518	8,596,380	0.202519	0.000000	90.02	
90.03	09001	WOUND CARE	9,571	7,796,401	7,805,972	0.131809	0.000000	90.03	
91.00	09100	EMERGENCY	26,313,522	62,985,746	89,299,268	0.139272	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,326,548	3,623,998	4,950,546	0.434314	0.000000	92.00	
200.00		Subtotal (see instructions)	445,697,064	406,678,444	852,375,508			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	445,697,064	406,678,444	852,375,508			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106665		50.00
51.00	05100	RECOVERY ROOM	0.086138		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305344		52.00
53.00	05300	ANESTHESIOLOGY	0.224730		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210912		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.107417		55.01
55.02	03630	ULTRA SOUND	0.100374		55.02
56.00	05600	RADIOISOTOPE	0.157183		56.00
57.00	05700	CT SCAN	0.030362		57.00
58.00	05800	MRI	0.040366		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066848		59.00
60.00	06000	LABORATORY	0.089216		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.159626		63.00
65.00	06500	RESPIRATORY THERAPY	0.105710		65.00
66.00	06600	PHYSICAL THERAPY	0.168734		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.039491		67.00
68.00	06800	SPEECH PATHOLOGY	0.252927		68.00
69.00	06900	ELECTROCARDIOLOGY	0.110747		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.423693		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.470301		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135904		73.00
74.00	07400	RENAL DIALYSIS	0.651082		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.219773		90.00
90.01	04950	DIABETOLOGY	0.000000		90.01
90.02	04951	CANCER CENTER	0.202519		90.02
90.03	09001	WOUND CARE	0.131809		90.03
91.00	09100	EMERGENCY	0.139272		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434314		92.00
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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/29/2021 10:22 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,722,484		25,722,484	0	25,722,484	30.00
31.00	03100	INTENSIVE CARE UNIT	9,169,437		9,169,437	0	9,169,437	31.00
43.00	04300	NURSERY	1,794,460		1,794,460	0	1,794,460	43.00
44.00	04400	SKILLED NURSING FACILITY	5,336,298		5,336,298	0	5,336,298	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,664,840		8,664,840	0	8,664,840	50.00
51.00	05100	RECOVERY ROOM	1,352,375		1,352,375	0	1,352,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,691,374		5,691,374	0	5,691,374	52.00
53.00	05300	ANESTHESIOLOGY	3,631,923		3,631,923	0	3,631,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,355,147		7,355,147	0	7,355,147	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	2,805,463		2,805,463	0	2,805,463	55.01
55.02	03630	ULTRA SOUND	1,573,237		1,573,237	0	1,573,237	55.02
56.00	05600	RADIOISOTOPE	698,509		698,509	0	698,509	56.00
57.00	05700	CT SCAN	1,565,604		1,565,604	0	1,565,604	57.00
58.00	05800	MRI	506,292		506,292	0	506,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,324,856		1,324,856	0	1,324,856	59.00
60.00	06000	LABORATORY	7,183,013		7,183,013	0	7,183,013	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	878,409		878,409	0	878,409	63.00
65.00	06500	RESPIRATORY THERAPY	1,868,008	0	1,868,008	0	1,868,008	65.00
66.00	06600	PHYSICAL THERAPY	3,016,350	0	3,016,350	0	3,016,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	288,256	0	288,256	0	288,256	67.00
68.00	06800	SPEECH PATHOLOGY	378,617	0	378,617	0	378,617	68.00
69.00	06900	ELECTROCARDIOLOGY	1,321,833		1,321,833	0	1,321,833	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,420,299		12,420,299	0	12,420,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,001,874		10,001,874	0	10,001,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,831,521		16,831,521	0	16,831,521	73.00
74.00	07400	RENAL DIALYSIS	1,289,643		1,289,643	0	1,289,643	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,687,657		2,687,657	0	2,687,657	90.00
90.01	04950	DIABETOLOGY	0		0	0	0	90.01
90.02	04951	CANCER CENTER	1,740,933		1,740,933	0	1,740,933	90.02
90.03	09001	WOUND CARE	1,028,894		1,028,894	0	1,028,894	90.03
91.00	09100	EMERGENCY	12,436,904		12,436,904	0	12,436,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,150,092		2,150,092	0	2,150,092	92.00
200.00		Subtotal (see instructions)	152,714,602	0	152,714,602	0	152,714,602	200.00
201.00		Less Observation Beds	2,150,092		2,150,092	0	2,150,092	201.00
202.00		Total (see instructions)	150,564,510	0	150,564,510	0	150,564,510	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/29/2021 10:22 am

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,448,665		78,448,665			30.00
31.00	03100	INTENSIVE CARE UNIT	23,322,453		23,322,453			31.00
43.00	04300	NURSERY	8,172,734		8,172,734			43.00
44.00	04400	SKILLED NURSING FACILITY	4,076,227		4,076,227			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,355,985	45,877,966	81,233,951	0.106665	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,859,791	7,840,298	15,700,089	0.086138	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,047,272	591,921	18,639,193	0.305344	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,181,443	4,979,815	16,161,258	0.224730	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,744,587	29,128,424	34,873,011	0.210912	0.000000	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	4,290,422	21,827,143	26,117,565	0.107417	0.000000	55.01
55.02	03630	ULTRA SOUND	2,971,430	12,702,260	15,673,690	0.100374	0.000000	55.02
56.00	05600	RADIOISOTOPE	2,072,938	2,370,972	4,443,910	0.157183	0.000000	56.00
57.00	05700	CT SCAN	17,336,260	34,228,858	51,565,118	0.030362	0.000000	57.00
58.00	05800	MRI	2,836,493	9,706,105	12,542,598	0.040366	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,968,405	9,850,397	19,818,802	0.066848	0.000000	59.00
60.00	06000	LABORATORY	51,972,026	28,540,326	80,512,352	0.089216	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,342,769	1,160,163	5,502,932	0.159626	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	15,979,791	1,691,226	17,671,017	0.105710	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,308,713	6,567,604	17,876,317	0.168734	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,186,267	113,015	7,299,282	0.039491	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,430,954	65,985	1,496,939	0.252927	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,462,876	5,472,767	11,935,643	0.110747	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,725,178	15,589,228	29,314,406	0.423693	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,358,485	12,908,496	21,266,981	0.470301	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,593,606	60,254,597	123,848,203	0.135904	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,933,715	47,054	1,980,769	0.651082	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	57,076	12,172,161	12,229,237	0.219773	0.000000	90.00
90.01	04950	DIABETOLOGY	0	0	0	0.000000	0.000000	90.01
90.02	04951	CANCER CENTER	10,862	8,585,518	8,596,380	0.202519	0.000000	90.02
90.03	09001	WOUND CARE	9,571	7,796,401	7,805,972	0.131809	0.000000	90.03
91.00	09100	EMERGENCY	26,313,522	62,985,746	89,299,268	0.139272	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,326,548	3,623,998	4,950,546	0.434314	0.000000	92.00
200.00		Subtotal (see instructions)	445,697,064	406,678,444	852,375,508			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	445,697,064	406,678,444	852,375,508			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000		55.01
55.02	03630	ULTRA SOUND	0.000000		55.02
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETOLOGY	0.000000		90.01
90.02	04951	CANCER CENTER	0.000000		90.02
90.03	09001	WOUND CARE	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part I
Date/Time Prepared:
9/29/2021 10:22 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	990,477	0	990,477	22,898	43.26	30.00
31.00	INTENSIVE CARE UNIT	242,590		242,590	3,816	63.57	31.00
43.00	NURSERY	16,616		16,616	2,793	5.95	43.00
44.00	SKILLED NURSING FACILITY	250,726		250,726	6,420	39.05	44.00
200.00	Total (lines 30 through 199)	1,500,409		1,500,409	35,927		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	5,349	231,398				
31.00	INTENSIVE CARE UNIT	847	53,844				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	3,732	145,735				
200.00	Total (lines 30 through 199)	9,928	430,977				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part II
Date/Time Prepared:
9/29/2021 10:22 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	394,083	81,233,951	0.004851	7,051,636	34,207	50.00
51.00	05100	RECOVERY ROOM	4,706	15,700,089	0.000300	1,491,885	448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,275	18,639,193	0.013105	53,140	696	52.00
53.00	05300	ANESTHESIOLOGY	16,325	16,161,258	0.001010	1,064,462	1,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	320,528	34,873,011	0.009191	976,556	8,976	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	260,381	26,117,565	0.009970	1,122,827	11,195	55.01
55.02	03630	ULTRA SOUND	4,589	15,673,690	0.000293	709,632	208	55.02
56.00	05600	RADIOISOTOPE	38,955	4,443,910	0.008766	482,550	4,230	56.00
57.00	05700	CT SCAN	30,744	51,565,118	0.000596	4,160,874	2,480	57.00
58.00	05800	MRI	1,681	12,542,598	0.000134	725,300	97	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,693	19,818,802	0.002205	1,915,097	4,223	59.00
60.00	06000	LABORATORY	207,472	80,512,352	0.002577	12,580,202	32,419	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	10,466	5,502,932	0.001902	385,878	734	63.00
65.00	06500	RESPIRATORY THERAPY	50,160	17,671,017	0.002839	2,649,465	7,522	65.00
66.00	06600	PHYSICAL THERAPY	82,701	17,876,317	0.004626	1,758,946	8,137	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,661	7,299,282	0.000228	1,122,140	256	67.00
68.00	06800	SPEECH PATHOLOGY	20,358	1,496,939	0.013600	259,029	3,523	68.00
69.00	06900	ELECTROCARDIOLOGY	69,235	11,935,643	0.005801	1,997,113	11,585	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,783	29,314,406	0.002176	2,477,655	5,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,197	21,266,981	0.002784	2,315,326	6,446	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,665	123,848,203	0.000676	15,421,412	10,425	73.00
74.00	07400	RENAL DIALYSIS	9,378	1,980,769	0.004735	736,096	3,485	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	88,826	12,229,237	0.007263	787	6	90.00
90.01	04950	DIABETOLOGY	0	0	0.000000	0	0	90.01
90.02	04951	CANCER CENTER	81,219	8,596,380	0.009448	0	0	90.02
90.03	09001	WOUND CARE	2,225	7,805,972	0.000285	5,221	1	90.03
91.00	09100	EMERGENCY	527,339	89,299,268	0.005905	3,908,638	23,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	82,791	4,950,546	0.016724	484,209	8,098	92.00
200.00		Total (lines 50 through 199)	2,800,436	738,355,429		65,856,076	188,944	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet D Part III Date/Time Prepared: 9/29/2021 10:22 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	22,898	0.00	5,349		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,816	0.00	847		31.00	
43.00	04300	NURSERY			0	2,793	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	6,420	0.00	3,732		44.00	
200.00		Total (lines 30 through 199)			0	35,927		9,928		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet D Part IV Date/Time Prepared: 9/29/2021 10:22 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	55.01
55.02	03630	ULTRA SOUND		0	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	04950	DIABETOLOGY		0	0	0	0	0	90.01
90.02	04951	CANCER CENTER		0	0	0	0	0	90.02
90.03	09001	WOUND CARE		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet D Part IV Date/Time Prepared: 9/29/2021 10:22 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	81,233,951	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,700,089	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	18,639,193	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,161,258	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,873,011	0.000000	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	26,117,565	0.000000	55.01
55.02	03630	ULTRA SOUND	0	0	0	15,673,690	0.000000	55.02
56.00	05600	RADIOISOTOPE	0	0	0	4,443,910	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	51,565,118	0.000000	57.00
58.00	05800	MRI	0	0	0	12,542,598	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	19,818,802	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	80,512,352	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	5,502,932	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,671,017	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,876,317	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,299,282	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,496,939	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,935,643	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,314,406	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,266,981	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,848,203	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,980,769	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	12,229,237	0.000000	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0.000000	90.01
90.02	04951	CANCER CENTER	0	0	0	8,596,380	0.000000	90.02
90.03	09001	WOUND CARE	0	0	0	7,805,972	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	89,299,268	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,950,546	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	738,355,429		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	7,051,636	0	7,457,946	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,491,885	0	1,686,454	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	53,140	0	3,525	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,064,462	0	823,536	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	976,556	0	1,641,802	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000	1,122,827	0	2,624,498	0	55.01
55.02	03630	ULTRA SOUND	0.000000	709,632	0	783,593	0	55.02
56.00	05600	RADIOISOTOPE	0.000000	482,550	0	288,111	0	56.00
57.00	05700	CT SCAN	0.000000	4,160,874	0	4,788,711	0	57.00
58.00	05800	MRI	0.000000	725,300	0	1,413,271	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,915,097	0	2,681,201	0	59.00
60.00	06000	LABORATORY	0.000000	12,580,202	0	2,865,478	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	385,878	0	209,632	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,649,465	0	169,705	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,758,946	0	24,191	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,122,140	0	12,575	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	259,029	0	1,158	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,997,113	0	946,615	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,477,655	0	2,718,750	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,315,326	0	3,847,893	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,421,412	0	16,179,475	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	736,096	0	12,455	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	787	0	2,551,585	0	90.00
90.01	04950	DIABETOLOGY	0.000000	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0.000000	0	0	26,754	0	90.02
90.03	09001	WOUND CARE	0.000000	5,221	0	1,191,541	0	90.03
91.00	09100	EMERGENCY	0.000000	3,908,638	0	4,073,750	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	484,209	0	557,364	0	92.00
200.00		Total (lines 50 through 199)		65,856,076	0	59,581,569	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part V
Date/Time Prepared:
9/29/2021 10:22 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.106665	7,457,946	0	0	795,502	50.00
51.00	05100	RECOVERY ROOM	0.086138	1,686,454	0	0	145,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305344	3,525	0	0	1,076	52.00
53.00	05300	ANESTHESIOLOGY	0.224730	823,536	0	0	185,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210912	1,641,802	0	0	346,276	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.107417	2,624,498	0	0	281,916	55.01
55.02	03630	ULTRA SOUND	0.100374	783,593	0	0	78,652	55.02
56.00	05600	RADIOISOTOPE	0.157183	288,111	0	0	45,286	56.00
57.00	05700	CT SCAN	0.030362	4,788,711	0	0	145,395	57.00
58.00	05800	MRI	0.040366	1,413,271	0	0	57,048	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066848	2,681,201	0	0	179,233	59.00
60.00	06000	LABORATORY	0.089216	2,865,478	6,350	0	255,646	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.159626	209,632	0	0	33,463	63.00
65.00	06500	RESPIRATORY THERAPY	0.105710	169,705	0	0	17,940	65.00
66.00	06600	PHYSICAL THERAPY	0.168734	24,191	0	0	4,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.039491	12,575	0	0	497	67.00
68.00	06800	SPEECH PATHOLOGY	0.252927	1,158	0	0	293	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110747	946,615	0	0	104,835	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.423693	2,718,750	0	0	1,151,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.470301	3,847,893	25,787	0	1,809,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135904	16,179,475	0	4,899	2,198,855	73.00
74.00	07400	RENAL DIALYSIS	0.651082	12,455	0	0	8,109	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.219773	2,551,585	0	0	560,769	90.00
90.01	04950	DIABETOLOGY	0.000000	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0.202519	26,754	0	0	5,418	90.02
90.03	09001	WOUND CARE	0.131809	1,191,541	0	0	157,056	90.03
91.00	09100	EMERGENCY	0.139272	4,073,750	0	0	567,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434314	557,364	0	0	242,071	92.00
200.00		Subtotal (see instructions)		59,581,569	32,137	4,899	9,378,701	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		59,581,569	32,137	4,899	9,378,701	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part V
Date/Time Prepared:
9/29/2021 10:22 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0		55.01
55.02	03630	ULTRA SOUND	0	0		55.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	567	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,128	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	666		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	DIABETOLOGY	0	0		90.01
90.02	04951	CANCER CENTER	0	0		90.02
90.03	09001	WOUND CARE	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	12,695	666		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	12,695	666		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet D-1 Date/Time Prepared: 9/29/2021 10:22 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)		22,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,898	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)		20,984	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)		5,349	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)		25,722,484	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)		25,722,484	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)		25,722,484	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)		1,123.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,008,799	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,008,799	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet D-1

Date/Time Prepared:
9/29/2021 10:22 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	9,169,437	3,816	2,402.89	847	2,035,248
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)					9,454,502
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,498,549
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					285,242
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					188,944
52.00	Total Program excludable cost (sum of lines 50 and 51)					474,186
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,024,363
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)					1,914
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.35
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,150,092

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet D-1

Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	990,477	25,722,484	0.038506	2,150,092	82,791 90.00
91.00	Nursing School cost	0	25,722,484	0.000000	2,150,092	0 91.00
92.00	Allied health cost	0	25,722,484	0.000000	2,150,092	0 92.00
93.00	All other Medical Education	0	25,722,484	0.000000	2,150,092	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2020 To 04/30/2021	Worksheet D-1 Date/Time Prepared: 9/29/2021 10:22 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,420	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,420	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)		6,420	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,732	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,336,298	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,336,298	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,336,298	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2020 To 04/30/2021	Worksheet D-1 Date/Time Prepared: 9/29/2021 10:22 am	
				Title XVIII		Skilled Nursing Facility	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00			
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					5,336,298	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					831.20	71.00
72.00	Program routine service cost (line 9 x line 71)					3,102,038	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					3,102,038	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					3,102,038	83.00
84.00	Program inpatient ancillary services (see instructions)					1,139,514	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,241,552	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0049 Component CCN: 14-5743		Period: From 05/01/2020 To 04/30/2021	Worksheet D-1 Date/Time Prepared: 9/29/2021 10:22 am	
			Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet D-3 Date/Time Prepared: 9/29/2021 10:22 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		20,779,487	30.00
31.00	03100	INTENSIVE CARE UNIT		4,915,141	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106665	7,051,636	50.00
51.00	05100	RECOVERY ROOM	0.086138	1,491,885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305344	53,140	52.00
53.00	05300	ANESTHESIOLOGY	0.224730	1,064,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210912	976,556	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.107417	1,122,827	55.01
55.02	03630	ULTRA SOUND	0.100374	709,632	55.02
56.00	05600	RADIOISOTOPE	0.157183	482,550	56.00
57.00	05700	CT SCAN	0.030362	4,160,874	57.00
58.00	05800	MRI	0.040366	725,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066848	1,915,097	59.00
60.00	06000	LABORATORY	0.089216	12,580,202	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.159626	385,878	63.00
65.00	06500	RESPIRATORY THERAPY	0.105710	2,649,465	65.00
66.00	06600	PHYSICAL THERAPY	0.168734	1,758,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.039491	1,122,140	67.00
68.00	06800	SPEECH PATHOLOGY	0.252927	259,029	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110747	1,997,113	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.423693	2,477,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.470301	2,315,326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135904	15,421,412	73.00
74.00	07400	RENAL DIALYSIS	0.651082	736,096	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.219773	787	90.00
90.01	04950	DIABETOLOGY	0.000000	0	90.01
90.02	04951	CANCER CENTER	0.202519	0	90.02
90.03	09001	WOUND CARE	0.131809	5,221	90.03
91.00	09100	EMERGENCY	0.139272	3,908,638	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434314	484,209	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		65,856,076	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)		65,856,076	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2020 To 04/30/2021	Worksheet D-3 Date/Time Prepared: 9/29/2021 10:22 am	
		Title XVIII	Skilled Nursing Facility	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		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.106665	0	0	50.00
51.00	05100 RECOVERY ROOM	0.086138	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.305344	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.224730	6,634	1,491	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210912	32,743	6,906	54.00
55.01	03340 GASTRO INTESTINAL SERVICES	0.107417	0	0	55.01
55.02	03630 ULTRA SOUND	0.100374	12,505	1,255	55.02
56.00	05600 RADIOISOTOPE	0.157183	0	0	56.00
57.00	05700 CT SCAN	0.030362	10,309	313	57.00
58.00	05800 MRI	0.040366	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066848	0	0	59.00
60.00	06000 LABORATORY	0.089216	945,698	84,371	60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.159626	7,587	1,211	63.00
65.00	06500 RESPIRATORY THERAPY	0.105710	53,414	5,646	65.00
66.00	06600 PHYSICAL THERAPY	0.168734	3,309,613	558,444	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.039491	2,100,290	82,943	67.00
68.00	06800 SPEECH PATHOLOGY	0.252927	410,925	103,934	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110747	7,500	831	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.423693	128,267	54,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.470301	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135904	1,749,937	237,823	73.00
74.00	07400 RENAL DIALYSIS	0.651082	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.219773	0	0	90.00
90.01	04950 DIABETOLOGY	0.000000	0	0	90.01
90.02	04951 CANCER CENTER	0.202519	0	0	90.02
90.03	09001 WOUND CARE	0.131809	0	0	90.03
91.00	09100 EMERGENCY	0.139272	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.434314	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,775,422	1,139,514	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)		8,775,422		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part A Date/Time Prepared: 9/29/2021 10:22 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)			5,169,960 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			6,827,798 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)			19,199 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			80,907 2.04
3.00	Managed Care Simulated Payments			9,504,879 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			129.76 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)			58.80 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.			3.33 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)			55.47 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			55.46 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)			55.46 12.00
13.00	Total allowable FTE count for the prior year.			55.10 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.			48.66 14.00
15.00	Sum of lines 12 through 14 divided by 3.			53.07 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			53.07 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.408986 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.420932 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.408986 21.00
22.00	IME payment adjustment (see instructions)			2,412,797 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,911,469 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)			-0.01 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)			2,412,797 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,911,469 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			12.09 30.00
31.00	Percentage of Medicaid patient days (see instructions)			40.52 31.00
32.00	Sum of lines 30 and 31			52.61 32.00
33.00	Allowable disproportionate share percentage (see instructions)			32.62 33.00
34.00	Disproportionate share adjustment (see instructions)			978,417 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part A Date/Time Prepared: 9/29/2021 10:22 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,533,462	1,788,767		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	641,038	1,038,955		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,679,993			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	1,839			40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	276		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	189		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	15.01			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	1,373			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.037793			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	87,834			46.00
47.00	Subtotal (see instructions)	17,256,905			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			19,168,374	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,246,865	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			2,492,229	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			70,693	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			22,978,161	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			22,978,161	61.00
62.00	Deductibles billed to program beneficiaries			1,007,344	62.00
63.00	Coinsurance billed to program beneficiaries			39,642	63.00
64.00	Allowable bad debts (see instructions)			983,398	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			639,209	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			590,620	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,570,384	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			15,907	70.93
70.94	HRR adjustment amount (see instructions)			-93,100	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part A Date/Time Prepared: 9/29/2021 10:22 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)		22,493,191	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		21,660,397	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)		832,794	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		326,819	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/29/2021 10:22 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,169,960	0	5,169,960		5,169,960
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,827,798	0		6,827,798	6,827,798
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	19,199	0	19,199		19,199
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	80,907	0		80,907	80,907
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	9,504,879	0	4,006,933	5,497,946	9,504,879
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.408986	0.408986	0.408986	0.408986	
6.00	IME payment adjustment (see instructions)	22.00	2,412,797	0	1,039,700	1,373,097	2,412,797
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,911,469	0	805,810	1,105,659	1,911,469
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,412,797	0	1,039,700	1,373,097	2,412,797
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,911,469	0	805,810	1,105,659	1,911,469
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3262	0.3262	0.3262	0.3262	
11.00	Disproportionate share adjustment (see instructions)	34.00	978,417	0	421,610	556,807	978,417
11.01	Uncompensated care payments	36.00	1,679,993	0	641,038	1,038,955	1,679,993
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	87,834	0	36,818	51,016	87,834
13.00	Subtotal (see instructions)	47.00	17,256,905	0	7,328,325	9,928,580	17,256,905
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,168,374	0	8,134,135	11,034,239	19,168,374
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,246,865	0	544,834	702,031	1,246,865

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/29/2021 10:22 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	70,693	0	0	70,693	70,693	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	8,678,969	11,806,963	20,485,932	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	919,223	0	400,885	518,338	919,223	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,730	0	3,560	2,170	5,730	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2378	0.2378	0.2378	0.2378		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	218,591	0	95,330	123,261	218,591	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1124	0.1124	0.1124	0.1124		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	103,321	0	45,059	58,262	103,321	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,246,865	0	544,834	702,031	1,246,865	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/29/2021 10:22 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,169,960	5,169,960		5,169,960	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,827,798		6,827,798	6,827,798	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	19,199	19,199		19,199	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	80,907		80,907	80,907	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,504,879	4,006,933	5,497,946	9,504,879	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.408986	0.408986	0.408986		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,412,797	1,039,700	1,373,097	2,412,797	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,911,469	805,810	1,105,659	1,911,469	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,412,797	1,039,700	1,373,097	2,412,797	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,911,469	805,810	1,105,659	1,911,469	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3262	0.3262	0.3262		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	978,417	421,610	556,807	978,417	11.00
11.01	Uncompensated care payments	36.00	1,679,993	641,038	1,038,955	1,679,993	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	87,834	36,818	51,016	87,834	12.00
13.00	Subtotal (see instructions)	47.00	17,256,905	7,328,325	9,928,580	17,256,905	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,168,374	8,134,135	11,034,239	19,168,374	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,246,865	544,834	702,031	1,246,865	16.00
17.00	Special add-on payments for new technologies	54.00	70,693	0	70,693	70,693	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,678,969	11,806,963	20,485,932	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/29/2021 10:22 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	919,223	400,885	518,338	919,223	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,730	3,560	2,170	5,730	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2378	0.2378	0.2378		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	218,591	95,330	123,261	218,591	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1124	0.1124	0.1124		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	103,321	45,059	58,262	103,321	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,246,865	544,834	702,031	1,246,865	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	15,907	15,907	0	15,907	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-93,100	-39,292	-53,808	-93,100	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part B Date/Time Prepared: 9/29/2021 10:22 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,361	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,378,701	2.00
3.00	OPPS payments		6,561,748	3.00
4.00	Outlier payment (see instructions)		12,394	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,361	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		37,036	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)		37,036	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)		37,036	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		23,675	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)		13,361	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)		6,574,142	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,157	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,155,465	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)		5,426,881	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,023,146	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)		6,450,027	30.00
31.00	Primary payer payments		6,037	31.00
32.00	Subtotal (line 30 minus line 31)		6,443,990	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)		572,795	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		372,317	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		340,012	36.00
37.00	Subtotal (see instructions)		6,816,307	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-73	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,816,380	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		6,820,046	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)		-3,666	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet E-1
Part I
Date/Time Prepared:
9/29/2021 10:22 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		21,313,850		6,642,744	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/11/2021	346,547	01/11/2021	177,302	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		346,547		177,302	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)		21,660,397		6,820,046	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		832,794		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		3,666	6.02
7.00	Total Medicare program liability (see instructions)		22,493,191		6,816,380	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0049
 Component CCN: 14-5743

 Period:
 From 05/01/2020
 To 04/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 9/29/2021 10:22 am

Title XVIII

 Skilled Nursing
 Facility

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		2,107,366		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,107,366		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,107,366		0	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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet E-1
Part II
Date/Time Prepared:
9/29/2021 10:22 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2020 To 04/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 9/29/2021 10:22 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,262,305	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,262,305	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		154,939	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		2,107,366	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		2,107,366	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		2,107,366	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0049		Period: From 05/01/2020 To 04/30/2021		Worksheet E-4 Date/Time Prepared: 9/29/2021 10:22 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					58.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					1.70	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					1.39	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					58.49	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					55.46	6.00
7.00	Enter the lesser of line 5 or line 6					55.46	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	50.46		5.00		55.46	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	50.46		5.00		55.46	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00			10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00			10.01
11.00	Total weighted FTE count	50.46		5.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.47		4.48			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	48.67		0.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	49.87		3.16			14.00
15.00	Adjustment for residents in initial years of new programs	0.00		0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00			16.01
17.00	Adjusted rolling average FTE count	49.87		3.16			17.00
18.00	Per resident amount	154,698.07		146,559.55			18.00
19.00	Approved amount for resident costs	7,714,793		463,128		8,177,921	19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					8,177,921	25.00
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	6,196		3,322		1,703	26.00
27.00	Total Inpatient Days (see instructions)	25,628		25,628		25,628	27.00
28.00	Ratio of inpatient days to total inpatient days	0.241767		0.129624		0.066451	28.00
29.00	Program direct GME amount	1,977,151		1,060,055		543,431	29.00
29.01	Percent reduction for MA DGME			4.07		4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage			43,144		22,118	30.00
31.00	Net Program direct GME amount					3,515,375	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet E-4 Date/Time Prepared: 9/29/2021 10:22 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,980,769		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		22,862,892		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		0		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		22,862,892		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		9,392,062		42.00
43.00	Primary payer payments (see instructions)		6,037		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,386,025		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		32,248,917		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.708951		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.291049		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		3,515,375		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,492,229		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,023,146		50.00

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

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet G

Date/Time Prepared:

9/29/2021 10:22 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	3,946,724	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	106,366,407	0	0	0	4.00
5.00	Other receivable	1,109,481	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-71,183,230	0	0	0	6.00
7.00	Inventory	3,690,916	0	0	0	7.00
8.00	Prepaid expenses	2,664,130	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,594,428	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	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	3,898,738	0	0	0	15.00
16.00	Accumulated depreciation	-18,230	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	9,470,145	0	0	0	23.00
24.00	Accumulated depreciation	-3,400,076	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)	9,950,577	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	56,545,005	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,325,694	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,018,731	0	0	0	38.00
39.00	Payroll taxes payable	5,854,569	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	1,991,440	0	0	0	41.00
42.00	Accelerated payments	24,063,988	0	0	0	42.00
43.00	Due to other funds	13,234,665	0	0	0	43.00
44.00	Other current liabilities	8,081,479	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	70,570,566	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,166,672	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,166,672	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,737,238	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-28,192,233	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)	-28,192,233	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	56,545,005	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet G-1

Date/Time Prepared:
9/29/2021 10:22 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		-18,759,466		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-9,432,767				2.00
3.00	Total (sum of line 1 and line 2)		-28,192,233		0		3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-28,192,233		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)		-28,192,233		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			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: 14-0049

Period:
From 05/01/2020
To 04/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
9/29/2021 10:22 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,448,665		78,448,665	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	4,076,227		4,076,227	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)	82,524,892		82,524,892	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,322,453		23,322,453	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)	23,322,453		23,322,453	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	105,847,345		105,847,345	17.00
18.00	Ancillary services	303,959,406	311,514,620	615,474,026	18.00
19.00	Outpatient services	27,717,579	95,163,824	122,881,403	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	NURSERY	8,172,734	0	8,172,734	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	445,697,064	406,678,444	852,375,508	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,291,451		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)		175,291,451		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2020
To 04/30/2021

Worksheet G-3

Date/Time Prepared:
9/29/2021 10:22 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	852,375,508	1.00
2.00	Less contractual allowances and discounts on patients' accounts	731,610,548	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,764,960	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,291,451	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-54,526,491	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,402	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	2,126	10.00
11.00	Rebates and refunds of expenses	21,278	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	97,194	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	16,381	21.00
22.00	Rental of hospital space	186,468	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS/OTHER REVENUE	559,554	24.00
24.01	GRANT/HAP REVENUE	23,379,171	24.01
24.02	CANCER CENTER PHARMACY REVENUE	914,411	24.02
24.50	COVID-19 PHE Funding	19,910,739	24.50
25.00	Total other income (sum of lines 6-24)	45,093,724	25.00
26.00	Total (line 5 plus line 25)	-9,432,767	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)	-9,432,767	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0049	Period: From 05/01/2020 To 04/30/2021	Worksheet L Parts I-III Date/Time Prepared: 9/29/2021 10:22 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		919,223	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,730	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)		70.21	3.00
4.00	Number of interns & residents (see instructions)		53.07	4.00
5.00	Indirect medical education percentage (see instructions)		23.78	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)		218,591	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		12.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.52	8.00
9.00	Sum of lines 7 and 8		52.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.24	10.00
11.00	Disproportionate share adjustment (see instructions)		103,321	11.00
12.00	Total prospective capital payments (see instructions)		1,246,865	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