

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: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 1:19 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 1:19 pm
	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 MACNEAL HOSPITAL (14-0054) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-339,145	221,211	0	0	1.00
2.00	Subprovider - IPF	0	44,846	0		0	2.00
3.00	Subprovider - IRF	0	79,633	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	-214,666	221,211	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: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 1:19 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 3249 SOUTH OAK PARK AVENUE			PO Box:		Date Certified		Payment System (P, T, O, or N)	
2.00	City: BERWYN			State: IL		Zip Code: 60402		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MACNEAL HOSPITAL	140054	99914	1	07/01/1966	N
4.00	Subprovider - IPF			MACNEAL PSYCH UNIT	14S054	99914	4	10/01/1984	N
5.00	Subprovider - IRF			MACNEAL REHAB UNIT	14T054	99914	5	10/01/2015	N
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			M.H. TRANSITIONAL CARE UNIT	145848	99914		10/01/1995	N
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

MCRIF32 - 16.12.172.7

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 1:19 pm			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00		
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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)					Y	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)					0.70	28.06	0.024339	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
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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	6.24	28.11	0.181659	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	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	28.01	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	33.92	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	40.05	0.000000	67.01
67.02		INTERNAL MEDICINE	1408	0.00	0.55	0.000000	67.02
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0	71.00	
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y			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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N			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	N		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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

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		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.	Y					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:	5,559,479		0		0118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 1:19 pm			
			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)		Y	HB1432	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: TRINITY HEALTH CORPORATION	Contractor's Name: WISCONSIN PHYSICIANS SERVICE	Contractor's Number: 08201		141.00		
142.00	Street: 20555 VICTOR PKWY	PO Box:			142.00		
143.00	City: LIVONIA	State: MI	Zip Code:	48152	143.00		
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	N	145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N		
			Part A	Part B	Title V	Title XIX	
			1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				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		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y		
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)						
168.01	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)						
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 1:19 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 1:19 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	03/01/2018	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)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/26/2018
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)	N	01/04/2020	N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/24/2020	Y
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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	PALUCK		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708-216-6719	DAVID.PALUCK@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	249	90,885	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)		249	90,885	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		266	97,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	9,125		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)		328			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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,633	3,889	42,591			1.00
2.00	HMO and other (see instructions)	9,331	14,424				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	465	585				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)	8,633	3,889	42,591			7.00
8.00	INTENSIVE CARE UNIT	1,003	0	3,876			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		0	1,992			13.00
14.00	Total (see instructions)	9,636	3,889	48,459	102.54	1,258.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,513	0	6,769	0.00	35.04	16.00
17.00	SUBPROVIDER - IRF	1,420	133	3,145	0.00	14.89	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	214	4,141	0.00	21.29	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)				102.54	1,329.42	27.00
28.00	Observation Bed Days		1,427	4,883			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			210			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	295	405			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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,211	4,216	12,158	1.00
2.00 HMO and other (see instructions)			1,827	0		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	2,211	4,216	12,158	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	172	375	843	16.00
17.00 SUBPROVIDER - IRF	0.00	0	114	47	239	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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	109,630,790	0	109,630,790	2,765,203.10	39.65
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		208,553	0	208,553	1,639.00	127.24
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,693,334	0	2,693,334	18,980.00	141.90
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	7,479,335	-1,649,524	5,829,811	173,177.56	33.66
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	1,462,105	0	1,462,105	44,277.63	33.02
10.00	Excluded area salaries (see instructions)		21,764,211	32,468	21,796,679	339,211.03	64.26
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		722,774	0	722,774	7,270.00	99.42
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		8,395,101	0	8,395,101	164,737.00	50.96
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)		20,126,227	0	20,126,227		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,455,418	0	3,455,418		
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		24,378	0	24,378		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		298,344	0	298,344		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,466,192	0	1,466,192		
25.50	Home office wage-related (core)		2,341,850	0	2,341,850		
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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	351,242	-34,043	317,199	3,651.12	86.88	26.00
27.00	Administrative & General	5.00	7,305,476	1,575	7,307,051	214,389.45	34.08	27.00
28.00	Administrative & General under contract (see inst.)		2,380,441	0	2,380,441	27,422.00	86.81	28.00
29.00	Maintenance & Repairs	6.00	1,603,564	0	1,603,564	45,556.75	35.20	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	516,332	0	516,332	26,800.25	19.27	31.00
32.00	Housekeeping	9.00	2,389,359	0	2,389,359	138,001.62	17.31	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,696,686	0	2,696,686	137,416.12	19.62	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,158,216	0	1,158,216	21,649.29	53.50	38.00
39.00	Central Services and Supply	14.00	453,506	0	453,506	22,172.64	20.45	39.00
40.00	Pharmacy	15.00	3,772,145	0	3,772,145	84,326.35	44.73	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 1:19 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	101,838,562	1,649,524	103,488,086	2,600,467.54	39.80	1.00
2.00	Excluded area salaries (see instructions)	23,226,316	32,468	23,258,784	383,488.66	60.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,612,246	1,617,056	80,229,302	2,216,978.88	36.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,117,875	0	9,117,875	172,007.00	53.01	4.00
5.00	Subtotal wage-related costs (see inst.)	22,492,455	0	22,492,455	0.00	28.04	5.00
6.00	Total (sum of lines 3 thru 5)	110,222,576	1,617,056	111,839,632	2,388,985.88	46.81	6.00
7.00	Total overhead cost (see instructions)	22,626,967	-32,468	22,594,499	721,385.59	31.32	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/30/2021 1:19 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,829,458	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)	10,817,780	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	-546,808	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-199,505	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)	529,639	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,907,692	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,329,386	17.00
18.00	Medicare Taxes - Employers Portion Only	1,480,260	18.00
19.00	Unemployment Insurance	11,680	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	210,976	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,370,558	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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/30/2021 1:19 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.129850 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	53,728,790		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		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	0		5.00
6.00	Medicaid charges	336,175,881		6.00
7.00	Medicaid cost (line 1 times line 6)	43,652,438		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	50,504,643	577,186	51,081,829 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,558,028	577,186	7,135,214 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)	6,558,028	577,186	7,135,214 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)	3,636,313		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	469,706		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	722,624		27.01
28.00	Non-Medicare bad debt expense (see instructions)	2,913,689		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	631,261		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,766,475		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,766,475		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	-16,617,661	-16,617,661	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,481,713	1,481,713	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	351,242	522,708	873,950	-56,414	817,536	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,305,476	53,501,437	60,806,913	16,060,282	76,867,195	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,603,564	7,212,105	8,815,669	-2,011	8,813,658	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	516,332	368,558	884,890	112,668	997,558	8.00
9.00	00900	HOUSEKEEPING	2,389,359	1,552,112	3,941,471	-55,207	3,886,264	9.00
10.00	01000	DIETARY	2,696,686	1,976,826	4,673,512	824	4,674,336	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,158,216	311,970	1,470,186	-7,455	1,462,731	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	453,506	391,535	845,041	-349,254	495,787	14.00
15.00	01500	PHARMACY	3,772,145	7,765,661	11,537,806	-6,390,548	5,147,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,479,335	2,232,300	9,711,635	-2,487,950	7,223,685	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,229,176	4,229,176	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,751,430	4,955,102	24,706,532	-719,708	23,986,824	30.00
31.00	03100	INTENSIVE CARE UNIT	3,348,225	1,767,235	5,115,460	-368,612	4,746,848	31.00
40.00	04000	SUBPROVIDER - IPF	2,371,291	1,381,306	3,752,597	-13,966	3,738,631	40.00
41.00	04100	SUBPROVIDER - IRF	1,123,826	320,843	1,444,669	-25,704	1,418,965	41.00
43.00	04300	NURSERY	1,268,175	688,368	1,956,543	-22,652	1,933,891	43.00
44.00	04400	SKILLED NURSING FACILITY	1,462,105	374,438	1,836,543	-39,256	1,797,287	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,654,273	14,288,674	18,942,947	-8,576,702	10,366,245	50.00
51.00	05100	RECOVERY ROOM	603,507	130,690	734,197	-20,302	713,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,106,402	1,510,507	3,616,909	-97,906	3,519,003	52.00
53.00	05300	ANESTHESIOLOGY	452,178	4,369,888	4,822,066	-248,059	4,574,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,696,041	8,162,823	10,858,864	-6,953,798	3,905,066	54.00
56.00	05600	RADIOISOTOPE	245,510	324,909	570,419	-235,720	334,699	56.00
56.01	03630	ULTRA SOUND	674,177	130,582	804,759	-4,271	800,488	56.01
56.02	03440	MAMMOGRAPHY	735,181	390,047	1,125,228	-91,916	1,033,312	56.02
57.00	05700	CT SCAN	675,759	370,143	1,045,902	-140,295	905,607	57.00
58.00	05800	MRI	334,907	109,983	444,890	-24,491	420,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	899,543	3,694,768	4,594,311	-2,899,204	1,695,107	59.00
59.01	05901	GASTRO INTESTINAL	1,385,896	1,126,959	2,512,855	-559,206	1,953,649	59.01
60.00	06000	LABORATORY	3,401,749	2,907,113	6,308,862	-720	6,308,142	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	653,234	653,234	-456,618	196,616	63.00
65.00	06500	RESPIRATORY THERAPY	1,236,547	917,448	2,153,995	-129,439	2,024,556	65.00
66.00	06600	PHYSICAL THERAPY	1,835,614	336,304	2,171,918	-19,137	2,152,781	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	794,148	138,537	932,685	-2	932,683	67.00
68.00	06800	SPEECH PATHOLOGY	408,852	99,417	508,269	-2,296	505,973	68.00
69.00	06900	ELECTROCARDIOLOGY	697,858	329,695	1,027,553	-1,409	1,026,144	69.00
69.01	06901	CARDIAC HEHAB	140,899	102,637	243,536	-58,831	184,705	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,061,043	7,061,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,443,302	7,443,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,577,946	14,577,946	73.00
74.00	07400	RENAL DIALYSIS	0	1,013,599	1,013,599	-2,341	1,011,258	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,133,779	2,915,588	8,049,367	-550,670	7,498,697	91.00
91.01	09101	FAMILY PRACTICES	4,768,892	3,760,920	8,529,812	-2,636,198	5,893,614	91.01
91.02	09102	PSYCH DAY HOSPITAL	267,399	54,622	322,021	0	322,021	91.02
91.03	09103	WOUND CARE	161,672	242,295	403,967	-31,147	372,820	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,361,696	133,403,886	224,765,582	69,878	224,835,460	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,269,094	6,331,549	24,600,643	-69,878	24,530,765	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	1,634	1,634	0	1,634	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	109,630,790	139,737,069	249,367,859	0	249,367,859	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,815,711	1,198,050	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-5,333	1,476,380	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,544,168	2,361,704	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,353,300	71,513,895	5.00
6.00	00600	MAINTENANCE & REPAIRS	-2,674,571	6,139,087	6.00
7.00	00700	OPERATION OF PLANT	19,068	19,068	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-9,939	987,619	8.00
9.00	00900	HOUSEKEEPING	0	3,886,264	9.00
10.00	01000	DIETARY	-377,168	4,297,168	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,930	1,460,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	495,787	14.00
15.00	01500	PHARMACY	0	5,147,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-5,344	7,218,341	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-40,000	4,189,176	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-346,804	23,640,020	30.00
31.00	03100	INTENSIVE CARE UNIT	-26,441	4,720,407	31.00
40.00	04000	SUBPROVIDER - IPF	-960,949	2,777,682	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,418,965	41.00
43.00	04300	NURSERY	0	1,933,891	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,797,287	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	63,350	10,429,595	50.00
51.00	05100	RECOVERY ROOM	0	713,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-431,247	3,087,756	52.00
53.00	05300	ANESTHESIOLOGY	-3,610,074	963,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,580	3,903,486	54.00
56.00	05600	RADIOISOTOPE	0	334,699	56.00
56.01	03630	ULTRA SOUND	0	800,488	56.01
56.02	03440	MAMMOGRAPHY	0	1,033,312	56.02
57.00	05700	CT SCAN	0	905,607	57.00
58.00	05800	MRI	0	420,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,877	1,692,230	59.00
59.01	05901	GASTRO INTESTINAL	0	1,953,649	59.01
60.00	06000	LABORATORY	-26,200	6,281,942	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	196,616	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,024,556	65.00
66.00	06600	PHYSICAL THERAPY	-2,574	2,150,207	66.00
66.01	06601	TCU REHAB	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	932,683	67.00
68.00	06800	SPEECH PATHOLOGY	0	505,973	68.00
69.00	06900	ELECTROCARDIOLOGY	-159,412	866,732	69.00
69.01	06901	CARDIAC HEHAB	0	184,705	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,061,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,443,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,577,946	73.00
74.00	07400	RENAL DIALYSIS	0	1,011,258	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-795,694	6,703,003	91.00
91.01	09101	FAMILY PRACTICES	-984,000	4,909,614	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	322,021	91.02
91.03	09103	WOUND CARE	0	372,820	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,626,860	228,462,320	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,593,840	26,124,605	192.00
194.00	07950	MARKETING	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	MACNEAL SCHOOL	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	1,634	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	5,220,700	254,588,559	200.00

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 1:19 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	C - LEASES RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	209,462		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,481,713		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
	0		0	1,691,175		
	D - CHARGEABLE DRUGS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	166		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,577,946		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
	0		0	14,578,112		
	E - CHARGEABLE SUPPLIES					
1.00	MRI	58.00	0	114		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,061,043		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

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 1:19 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	0		0	7,061,157		
	F - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,000		1.00
	0		0	50,000		
	G - INTEREST EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,877,123		1.00
	0		0	16,877,123		
	H - IMPLANTABLE DEVICE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,443,302		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
	0		0	7,443,302		
	I - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	137,871		1.00
2.00	DIETARY	10.00	0	2,878		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
	0		0	140,749		

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 1:19 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - INTERNS AND RESIDENTS OTHER PROG					
1.00	I&R SERVICES-OTHER PRGM	22.00	3,264,239	0		1.00
	COSTS APPRV					
2.00		0.00	0	0		2.00
	0		3,264,239	0		
	K - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	964,937		1.00
	COSTS APPRV					
2.00		0.00	0	0		2.00
	0		0	964,937		
	L - PTO Accrual Reclass					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,575	0		1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	32,468	0		2.00
	0		34,043	0		
	M - REFUND & REBATE RECLASS					
1.00		0.00	0	0		1.00
	0		0	0		
500.00	Grand Total: Increases		3,298,282	48,806,555		500.00

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 1:19 pm

	Decreases						11/30/2021 1:19 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	C - LEASES RENTALS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	483,242	10		1.00
2.00	DIETARY	10.00	0	611	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	107,887	0		3.00
4.00	PHARMACY	15.00	0	308,312	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	250	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	5,600	0		6.00
7.00	OPERATING ROOM	50.00	0	629,400	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	57	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	252	0		9.00
10.00	MRI	58.00	0	840	0		10.00
11.00	GASTRO INTESTINAL	59.01	0	34,071	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	120,653	0		12.00
	0		0	1,691,175			
	D - CHARGEABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,966	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	252,828	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	156	0		3.00
4.00	DIETARY	10.00	0	97	0		4.00
5.00	PHARMACY	15.00	0	5,888,150	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	158,802	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	69,927	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	249	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	1,199	0		9.00
10.00	NURSERY	43.00	0	1,585	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	3,530	0		11.00
12.00	OPERATING ROOM	50.00	0	60,652	0		12.00
13.00	RECOVERY ROOM	51.00	0	2,783	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,572	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	161,651	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,510,898	0		16.00
17.00	RADIOISOTOPE	56.00	0	224,111	0		17.00
18.00	MAMMOGRAPHY	56.02	0	8,856	0		18.00
19.00	CT SCAN	57.00	0	102,055	0		19.00
20.00	MRI	58.00	0	23,741	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	37,629	0		21.00
22.00	GASTRO INTESTINAL	59.01	0	33,655	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	2,570	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	17	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	209	0		25.00
26.00	CARDIAC HEHAB	69.01	0	46,848	0		26.00
27.00	RENAL DIALYSIS	74.00	0	338	0		27.00
28.00	EMERGENCY	91.00	0	137,864	0		28.00
29.00	FAMILY PRACTICES	91.01	0	798,859	0		29.00
30.00	WOUND CARE	91.03	0	1,315	0		30.00
	0		0	14,578,112			
	E - CHARGEABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	333	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,821	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,855	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	25,203	0		4.00
5.00	HOUSEKEEPING	9.00	0	55,207	0		5.00
6.00	DIETARY	10.00	0	1,346	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	7,389	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	238,313	0		8.00
9.00	PHARMACY	15.00	0	194,083	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	496	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	536,958	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	228,941	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	8,255	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	23,255	0		14.00
15.00	NURSERY	43.00	0	20,398	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	34,054	0		16.00
17.00	OPERATING ROOM	50.00	0	2,871,124	0		17.00
18.00	RECOVERY ROOM	51.00	0	16,973	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	71,570	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	85,595	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	367,452	0		21.00
22.00	RADIOISOTOPE	56.00	0	8,479	0		22.00
23.00	ULTRA SOUND	56.01	0	4,271	0		23.00
24.00	MAMMOGRAPHY	56.02	0	82,019	0		24.00
25.00	CT SCAN	57.00	0	37,279	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	795,345	0		26.00

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 1:19 pm

		Decreases					11/09/2021 1:10 PM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
27.00	GASTRO INTESTINAL	59.01	0	359,954	0		27.00	
28.00	LABORATORY	60.00	0	720	0		28.00	
29.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	456,618	0		29.00	
30.00	RESPIRATORY THERAPY	65.00	0	6,015	0		30.00	
31.00	PHYSICAL THERAPY	66.00	0	18,817	0		31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	2	0		32.00	
33.00	SPEECH PATHOLOGY	68.00	0	2,296	0		33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	1,151	0		34.00	
35.00	CARDIAC HEHAB	69.01	0	10,037	0		35.00	
36.00	RENAL DIALYSIS	74.00	0	2,003	0		36.00	
37.00	EMERGENCY	91.00	0	400,878	0		37.00	
38.00	FAMILY PRACTICES	91.01	0	43,051	0		38.00	
39.00	WOUND CARE	91.03	0	22,601	0		39.00	
	0		0	7,061,157				
F - INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	50,000	12		1.00	
	0		0	50,000				
G - INTEREST EXPENSE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,877,123	11		1.00	
	0		0	16,877,123				
H - IMPLANTABLE DEVICE								
1.00	NURSING ADMINISTRATION	13.00	0	3	0		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3	0		2.00	
3.00	PHARMACY	15.00	0	3	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	43	0		4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	16	0		5.00	
6.00	SUBPROVIDER - IPF	40.00	0	8	0		6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	3	0		7.00	
8.00	OPERATING ROOM	50.00	0	5,009,645	0		8.00	
9.00	RECOVERY ROOM	51.00	0	541	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	740	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,158	0		12.00	
13.00	RADIOISOTOPE	56.00	0	3,130	0		13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	2,066,230	0		14.00	
15.00	GASTRO INTESTINAL	59.01	0	131,244	0		15.00	
16.00	CARDIAC HEHAB	69.01	0	158	0		16.00	
17.00	EMERGENCY	91.00	0	86	0		17.00	
18.00	FAMILY PRACTICES	91.01	0	46,741	0		18.00	
19.00	WOUND CARE	91.03	0	7,190	0		19.00	
20.00	PHYSICIANS PRIVATE OFFICES	192.00	0	102,346	0		20.00	
	0		0	7,443,302				
I - LINEN								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,525	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	63	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,217	0		4.00	
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	4,032	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	23,655	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	64,128	0		7.00	
8.00	SUBPROVIDER - IPF	40.00	0	5,454	0		8.00	
9.00	SUBPROVIDER - IRF	41.00	0	1,250	0		9.00	
10.00	NURSERY	43.00	0	669	0		10.00	
11.00	SKILLED NURSING FACILITY	44.00	0	1,669	0		11.00	
12.00	OPERATING ROOM	50.00	0	5,881	0		12.00	
13.00	RECOVERY ROOM	51.00	0	5	0		13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	750	0		14.00	
15.00	ANESTHESIOLOGY	53.00	0	16	0		15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38	0		16.00	
17.00	MAMMOGRAPHY	56.02	0	1,041	0		17.00	
18.00	CT SCAN	57.00	0	961	0		18.00	
19.00	MRI	58.00	0	24	0		19.00	
20.00	GASTRO INTESTINAL	59.01	0	282	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	201	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	303	0		22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	49	0		23.00	
24.00	CARDIAC HEHAB	69.01	0	1,788	0		24.00	
25.00	EMERGENCY	91.00	0	11,842	0		25.00	
26.00	FAMILY PRACTICES	91.01	0	1,793	0		26.00	
27.00	WOUND CARE	91.03	0	41	0		27.00	
	0		0	140,749				

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 1:19 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
J - INTERNS AND RESIDENTS OTHER PROG						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,649,524	0	0	1.00
2.00	FAMILY PRACTICES	91.01	1,614,715	0	0	2.00
	0		3,264,239	0		
K - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	833,898	0	1.00
2.00	FAMILY PRACTICES	91.01	0	131,039	0	2.00
	0		0	964,937		
L - PTO Accrual Reclass						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	34,043	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		34,043	0		
M - REFUND & REBATE RECLASS						
1.00		0.00	0	0	0	1.00
	0		0	0		
500.00	Grand Total: Decreases		3,298,282	48,806,555		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,550,000	0	0	0	49,220	1.00	
2.00	Land Improvements	1,139,318	69,738,200	0	69,738,200	0	2.00	
3.00	Buildings and Fixtures	630,000	17,826,450	0	17,826,450	0	3.00	
4.00	Building Improvements	93,236,170	492,668	0	492,668	89,363,283	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	16,453,194	48,068,901	0	48,068,901	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	120,008,682	136,126,219	0	136,126,219	89,412,503	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	120,008,682	136,126,219	0	136,126,219	89,412,503	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,500,780	0				1.00	
2.00	Land Improvements	70,877,518	0				2.00	
3.00	Buildings and Fixtures	18,456,450	0				3.00	
4.00	Building Improvements	4,365,555	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	64,522,095	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	166,722,398	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	166,722,398	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	102,200,303	0	102,200,303	0.612997	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	64,522,095	0	64,522,095	0.387003	0	2.00
3.00	Total (sum of lines 1-2)	166,722,398	0	166,722,398	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	17,815,711	209,462	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,481,713	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,815,711	1,691,175	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	-16,877,123	50,000	0	0	1,198,050	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-5,333	1,476,380	2.00
3.00	Total (sum of lines 1-2)	-16,877,123	50,000	0	-5,333	2,674,430	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,152,538			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	14,182,057			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-360,795	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		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-16,373	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONES-DIRECT	A	-158,466	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	PATIENT PHONES-BENEFITS	A		0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02	PATIENT PHONES-DEPREC.	A		0CAP REL COSTS-MVBLE EQUIP		2.00	9 33.02
33.03	TELEVISION-DEPREC	A		0ADMINISTRATIVE & GENERAL		5.00	9 33.03
33.04	TELEVISION-CABLE	A		0ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05	TELEVISION-CABLE	A		0ANESTHESIOLOGY		53.00	0 33.05
33.06	TELEVISION-CABLE	A		0FAMILY PRACTICES		91.01	0 33.06
33.07	OTHER OPERATING REVENUE	B		0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.07
33.08	TELEPHONE REVENUE	B	-174,728	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09	OTHER OPERATING REVENUE	B	-507,221	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.10	RENT INCOME	B		0MAINTENANCE & REPAIRS		6.00	0 33.10
33.11	OTHER OPERATING REVENUE	B	-8,529	LAUNDRY & LINEN SERVICE		8.00	0 33.11
33.12	OTHER OPERATING REVENUE	B		0DIETARY		10.00	0 33.12
33.13	OTHER OPERATING REVENUE	B		0CENTRAL SERVICES & SUPPLY		14.00	0 33.13
33.14	OTHER OPERATING REVENUE	B		0PHARMACY		15.00	0 33.14
33.15	OTHER OPERATING REVENUE	B		0MEDICAL RECORDS & LIBRARY		16.00	0 33.15
33.16	OTHER OPERATING REVENUE	B		0I&R SERVICES-OTHER PRGM		22.00	0 33.16
				COSTS APPRV			
33.17	RENT INCOME	B	-343,420	ADULTS & PEDIATRICS		30.00	0 33.17
33.18	OTHER OPERATING REVENUE	B		0ADULTS & PEDIATRICS		30.00	0 33.18
33.19	OTHER OPERATING REVENUE	B		0EMERGENCY		91.00	0 33.19
33.20	OTHER OPERATING REVENUE	B		0LABORATORY		60.00	0 33.20
33.21	OTHER OPERATING REVENUE	B		0DELIVERY ROOM & LABOR ROOM		52.00	0 33.21
33.22	OTHER OPERATING REVENUE	B		0ANESTHESIOLOGY		53.00	0 33.22
33.23	OTHER OPERATING REVENUE	B	-1,580	RADIOLOGY-DIAGNOSTIC		54.00	0 33.23
33.24	OTHER OPERATING REVENUE	B		0ULTRA SOUND		56.01	0 33.24
33.25	OTHER OPERATING REVENUE	B		0CT SCAN		57.00	0 33.25
33.26	OTHER OPERATING REVENUE	B	-1,200	LABORATORY		60.00	0 33.26
33.27	OTHER OPERATING REVENUE	B		0BLOOD STORING PROCESSING & TRANS.		63.00	0 33.27
33.28	OTHER OPERATING REVENUE	B		0RESPIRATORY THERAPY		65.00	0 33.28
33.29	OTHER OPERATING REVENUE	B		0PHYSICAL THERAPY		66.00	0 33.29
33.30	OTHER OPERATING REVENUE	B		0OCCUPATIONAL THERAPY		67.00	0 33.30
33.31	OTHER OPERATING REVENUE	B		0ELECTROCARDIOLOGY		69.00	0 33.31
33.32	OTHER OPERATING REVENUE	B		0SPEECH PATHOLOGY		68.00	0 33.32
33.33	OTHER OPERATING REVENUE	B	-984,000	FAMILY PRACTICES		91.01	0 33.33
33.34	OTHER OPERATING REVENUE	B	10,000	OPERATING ROOM		50.00	0 33.34
33.35	INTEREST INCOME	A		0ADMINISTRATIVE & GENERAL		5.00	0 33.35
33.36	ADVERTISING	A		0ADMINISTRATIVE & GENERAL		5.00	0 33.36
33.37	ADVERTISING	A	-1,788	ADMINISTRATIVE & GENERAL		5.00	0 33.37
33.38	ADVERTISING	A		0MAINTENANCE & REPAIRS		6.00	0 33.38
33.39	ADVERTISING	A		0SUBPROVIDER - IRF		41.00	0 33.39
33.40	ADVERTISING	A		0I&R SERVICES-OTHER PRGM		22.00	0 33.40
				COSTS APPRV			
33.41	ADVERTISING	A	-449	SUBPROVIDER - IPF		40.00	0 33.41
33.42	ADVERTISING	A		0PSYCH DAY HOSPITAL		91.02	0 33.42
33.43	ADVERTISING	A		0		0.00	0 33.43
33.44	OTHER OPERATING EXPENSES	A	-2,322	ADMINISTRATIVE & GENERAL		5.00	0 33.44
33.45	OTHER OPERATING EXPENSES	A	-1,410	LAUNDRY & LINEN SERVICE		8.00	0 33.45
33.46	OTHER OPERATING EXPENSES	A	-1,930	NURSING ADMINISTRATION		13.00	0 33.46
33.47	OTHER OPERATING EXPENSES	A	-1,930	ADULTS & PEDIATRICS		30.00	0 33.47
33.48	OTHER OPERATING EXPENSES	A	-2,574	PHYSICAL THERAPY		66.00	0 33.48
33.49	OTHER OPERATING EXPENSES	A	-875	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.49
33.50	OTHER OPERATING EXPENSES	A		0DELIVERY ROOM & LABOR ROOM		52.00	0 33.50
33.51	OTHER OPERATING EXPENSES	A		0CARDIAC CATHETERIZATION		59.00	0 33.51
33.52	OTHER OPERATING EXPENSES	A		0EMERGENCY		91.00	0 33.52
33.53	OTHER OPERATING EXPENSES	A		0FAMILY PRACTICES		91.01	0 33.53
33.54	OTHER OPERATING EXPENSES	A		0		0.00	0 33.54
33.55	OTHER OPERATING REVENUE	B	-960,500	SUBPROVIDER - IPF		40.00	0 33.55
33.56	NON-ALLOWABLE MEALS	A	-229	ADMINISTRATIVE & GENERAL		5.00	0 33.56
33.57	NON-ALLOWABLE MEALS	A	-1,272	ADULTS & PEDIATRICS		30.00	0 33.57
33.58	NON-ALLOWABLE MEALS	A	-4,469	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.58
33.59	NON-ALLOWABLE TRAVEL	A	-808	MAINTENANCE & REPAIRS		6.00	0 33.59
33.60	NON-ALLOWABLE TRAVEL	A	-182	ADULTS & PEDIATRICS		30.00	0 33.60
33.61	NON-ALLOWABLE TRAVEL	A		0FAMILY PRACTICES		91.01	0 33.61
33.62	NON-ALLOWABLE TRAVEL	A		0FAMILY PRACTICES		91.01	0 33.62
33.63	DUES & SUBSCRIPTIONS	A	-114,128	ADMINISTRATIVE & GENERAL		5.00	0 33.63
33.64	DUES & SUBSCRIPTIONS	A		0FAMILY PRACTICES		91.01	0 33.64

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.65	LOBBYING DUES	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.65
33.66	PURCHASED SERVICES	A	-92,225	0ADMINISTRATIVE & GENERAL	5.00	0	33.66
33.67	PURCHASED SERVICES	A		0DELIVERY ROOM & LABOR ROOM	52.00	0	33.67
33.68	DONATIONS & CONTRIBUTIONS	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.68
33.69	DONATIONS & CONTRIBUTIONS	A		0NURSING ADMINISTRATION	13.00	0	33.69
33.70	PATIENT TRANSPORTATION	A		0EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.70
33.71	PATIENT TRANSPORTATION	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.71
33.72	PATIENT TRANSPORTATION	A		0NURSING ADMINISTRATION	13.00	0	33.72
33.73	PATIENT TRANSPORTATION	A		0ADULTS & PEDIATRICS	30.00	0	33.73
33.74	PATIENT TRANSPORTATION	A		0INTENSIVE CARE UNIT	31.00	0	33.74
33.75	PATIENT TRANSPORTATION	A		0SUBPROVIDER - IPF	40.00	0	33.75
33.76	PATIENT TRANSPORTATION	A		0DELIVERY ROOM & LABOR ROOM	52.00	0	33.76
33.77	PATIENT TRANSPORTATION	A		0EMERGENCY	91.00	0	33.77
33.78	PATIENT TRANSPORTATION	A		0FAMILY PRACTICES	91.01	0	33.78
33.79	PATIENT TRANSPORTATION	A		0PSYCH DAY HOSPITAL	91.02	0	33.79
33.80	ALCOHOL & LIQUOR	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.80
33.81	ALCOHOL & LIQUOR	A		0I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.81
33.82	PENALTIES & FINES	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.82
33.83	PENALTIES & FINES	A		0PHARMACY	15.00	0	33.83
33.84	MSO FEES	A		0DIETARY	10.00	0	33.84
33.85	MSO FEES	A		0ELECTROCARDIOLOGY	69.00	0	33.85
33.86	MSO FEES	A		0FAMILY PRACTICES	91.01	0	33.86
33.87	PHYSICIAN CONTINUING EDUCATION	A		0FAMILY PRACTICES	91.01	0	33.87
33.88	PHYSICIAN RELOCATION EXPENSE	A		0FAMILY PRACTICES	91.01	0	33.88
33.89	EMPLOYEE BENEFITS	A		0EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.89
33.90	PROPERTY TAXES	A		0CAP REL COSTS-BLDG & FIXT	1.00	13	33.90
33.91	LEGAL	A	-75,416	0ADMINISTRATIVE & GENERAL	5.00	0	33.91
33.92	Legal	A		0ADULTS & PEDIATRICS	30.00	0	33.92
33.93	MEDICAL STAFF RELATIONS	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.93
33.94	MEDICAL STAFF RELATIONS	A		0I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.94
33.95	IDPA TAX ASSESSMENT	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.95
33.96	H.O. WORKER COMPENSATION	A		0EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.96
33.97	PERIOD 13 ADJUSTMENT	A		0EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.97
33.98	PERIOD 13 ADJUSTMENT	A		0ADMINISTRATIVE & GENERAL	5.00	0	33.98
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,220,700				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0054

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 1:19 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	Capital - Buildings	936,072	-16,879,639	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
3.01	0.00		Workers Compensation	0	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	Workers Compensation IC	1,907,692	1,714,611	3.02
4.00	0.00			0	0	4.00
4.01	0.00		Admin & General	0	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	Admin & General IC	11,866,739	6,253,010	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	Malpractice Insurance	1,734,592	5,024,713	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	Benefits & Insurance	431,853	221,510	4.04
4.05	0.00		Admin & General Insurance	0	0	4.05
4.06	6.00	MAINTENANCE & REPAIRS	Repairs & Maintenance IC	0	2,673,763	4.06
4.07	0.00		Malpractice I&R	0	0	4.07
4.08	2.00	CAP REL COSTS-MVBLE EQUIP	REGIONAL CAPITAL	-5,333	0	4.08
4.09	4.00	EMPLOYEE BENEFITS DEPARTMENT	REGIONAL EMPLOYEE BENEFITS	1,544,168	0	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	REGIONAL SALARIES	9,216,610	20,680,765	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	REGIONAL ADMINISTRATIVE	4,625,489	0	4.11
4.12	7.00	OPERATION OF PLANT	REGIONAL OPERATION OF PLANT	19,068	0	4.12
4.13	192.00	PHYSICIANS PRIVATE OFFICES	REGIONAL PB	1,593,840	0	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,870,790	19,688,733	5.00

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

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

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

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

6.00	B		0.00	TRINITY HEALTH	100.00	6.00
7.00	B		0.00	TRINITY HO	0.00	7.00
8.00	G		0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0054

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 1:19 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	17,815,711	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	193,081	0		3.02
4.00	0	0		4.00
4.01	0	0		4.01
4.02	5,613,729	9		4.02
4.03	-3,290,121	0		4.03
4.04	210,343	0		4.04
4.05	0	0		4.05
4.06	-2,673,763	0		4.06
4.07	0	0		4.07
4.08	-5,333	14		4.08
4.09	1,544,168	0		4.09
4.10	-11,464,155	0		4.10
4.11	4,625,489	0		4.11
4.12	19,068	0		4.12
4.13	1,593,840	0		4.13
5.00	14,182,057			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0054

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 1:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	40,000	40,000	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	61,725	0	61,725	179,000	410	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	115,143	115,143	0	0	0	3.00
4.00	50.00	OPERATING ROOM	-53,350	-53,350	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	431,247	431,247	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,610,074	3,610,074	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	4,856	0	4,856	179,000	23	7.00
8.00	60.00	LABORATORY	25,000	25,000	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	159,412	159,412	0	0	0	9.00
10.00	91.00	EMERGENCY	795,694	795,694	0	0	0	10.00
200.00			5,189,801	5,123,220	66,581		433	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	35,284	1,764	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	1,979	99	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			37,263	1,863	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	40,000		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	35,284	26,441	26,441		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	115,143		3.00
4.00	50.00	OPERATING ROOM	0	0	0	-53,350		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	431,247		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	3,610,074		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	1,979	2,877	2,877		7.00
8.00	60.00	LABORATORY	0	0	0	25,000		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	159,412		9.00
10.00	91.00	EMERGENCY	0	0	0	795,694		10.00
200.00			0	37,263	29,318	5,152,538		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

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	1,198,050	1,198,050			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,476,380		1,476,380		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,361,704	0	0	2,361,704	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	71,513,895	112,127	138,176	157,869	71,922,067
6.00	00600	MAINTENANCE & REPAIRS	6,139,087	443,815	546,921	34,645	7,164,468
7.00	00700	OPERATION OF PLANT	19,068	0	0	0	19,068
8.00	00800	LAUNDRY & LINEN SERVICE	987,619	698	860	11,155	1,000,332
9.00	00900	HOUSEKEEPING	3,886,264	9,123	11,242	51,622	3,958,251
10.00	01000	DIETARY	4,297,168	26,485	32,638	58,262	4,414,553
11.00	01100	CAFETERIA	0	10,008	12,333	0	22,341
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,460,801	2,047	2,522	25,023	1,490,393
14.00	01400	CENTRAL SERVICES & SUPPLY	495,787	5,704	7,030	9,798	518,319
15.00	01500	PHARMACY	5,147,258	7,055	8,694	81,497	5,244,504
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,350	9,057	0	16,407
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,218,341	0	0	125,953	7,344,294
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,189,176	8,553	10,541	70,524	4,278,794
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,640,020	129,997	160,198	426,713	24,356,928
31.00	03100	INTENSIVE CARE UNIT	4,720,407	11,460	14,122	72,338	4,818,327
40.00	04000	SUBPROVIDER - IPF	2,777,682	21,385	26,353	51,232	2,876,652
41.00	04100	SUBPROVIDER - IRF	1,418,965	14,184	17,479	24,280	1,474,908
43.00	04300	NURSERY	1,933,891	5,164	6,364	27,399	1,972,818
44.00	04400	SKILLED NURSING FACILITY	1,797,287	10,494	12,932	31,589	1,852,302
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,429,595	43,236	53,281	100,556	10,626,668
51.00	05100	RECOVERY ROOM	713,895	4,015	4,948	13,039	735,897
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,087,756	11,333	13,966	45,509	3,158,564
53.00	05300	ANESTHESIOLOGY	963,933	272	336	9,769	974,310
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,903,486	31,033	38,243	58,248	4,031,010
56.00	05600	RADIOISOTOPE	334,699	2,957	3,643	5,304	346,603
56.01	03630	ULTRA SOUND	800,488	0	0	14,566	815,054
56.02	03440	MAMMOGRAPHY	1,033,312	6,832	8,419	15,884	1,064,447
57.00	05700	CT SCAN	905,607	2,801	3,451	14,600	926,459
58.00	05800	MRI	420,399	0	0	7,236	427,635
59.00	05900	CARDIAC CATHETERIZATION	1,692,230	5,709	7,035	19,435	1,724,409
59.01	05901	GASTRO INTESTINAL	1,953,649	10,555	13,007	29,942	2,007,153
60.00	06000	LABORATORY	6,281,942	28,039	34,553	73,495	6,418,029
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	196,616	1,621	1,998	0	200,235
65.00	06500	RESPIRATORY THERAPY	2,024,556	3,203	3,948	26,716	2,058,423
66.00	06600	PHYSICAL THERAPY	2,150,207	12,196	15,029	39,658	2,217,090
66.01	06601	TCU REHAB	0	2,186	2,694	0	4,880
67.00	06700	OCCUPATIONAL THERAPY	932,683	0	0	17,158	949,841
68.00	06800	SPEECH PATHOLOGY	505,973	1,992	2,455	8,833	519,253
69.00	06900	ELECTROCARDIOLOGY	866,732	0	0	15,077	881,809
69.01	06901	CARDIAC HEHAB	184,705	11,106	13,686	3,044	212,541
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,061,043	0	0	0	7,061,043
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,443,302	0	0	0	7,443,302
73.00	07300	DRUGS CHARGED TO PATIENTS	14,577,946	0	0	0	14,577,946
74.00	07400	RENAL DIALYSIS	1,011,258	447	550	0	1,012,255
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,703,003	19,786	24,383	110,915	6,858,087
91.01	09101	FAMILY PRACTICES	4,909,614	19,535	24,074	68,146	5,021,369
91.02	09102	PSYCH DAY HOSPITAL	322,021	7,975	9,828	5,777	345,601
91.03	09103	WOUND CARE	372,820	0	0	3,493	376,313
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	228,462,320	1,052,478	1,296,989	1,966,299	227,741,952

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

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
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,484	1,828	0	3,312
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	26,124,605	108,420	133,608	395,405	26,762,038
194.00	07950	MARKETING	0	2,172	2,677	0	4,849
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0
194.03	07953	RETAIL PHARMACY	0	9,484	11,688	0	21,172
194.04	07954	HOME DELIVERED MEALS	1,634	0	0	0	1,634
194.05	07955	CATERED MEALS	0	0	0	0	0
194.06	07956	VACANT SPACE	0	24,012	29,590	0	53,602
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	254,588,559	1,198,050	1,476,380	2,361,704	254,588,559

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	71,922,067					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,820,895	9,985,363				6.00
7.00	00700	OPERATION OF PLANT	7,508	0	26,576			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	393,865	10,853	29	1,405,079		8.00
9.00	00900	HOUSEKEEPING	1,558,498	141,865	378	0	5,658,992	9.00
10.00	01000	DIETARY	1,738,160	411,871	1,096	12,371	237,045	10.00
11.00	01100	CAFETERIA	8,796	155,638	414	0	89,574	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	586,818	31,829	85	0	18,319	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	204,080	88,707	236	17,387	51,054	14.00
15.00	01500	PHARMACY	2,064,940	109,707	292	0	63,140	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,460	114,297	304	0	65,782	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,891,698	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,684,707	133,014	354	3,556	76,553	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,590,151	2,021,571	5,382	602,808	1,163,475	30.00
31.00	03100	INTENSIVE CARE UNIT	1,897,139	178,215	474	87,496	102,568	31.00
40.00	04000	SUBPROVIDER - IPF	1,132,636	332,557	885	68,856	191,397	40.00
41.00	04100	SUBPROVIDER - IRF	580,721	220,567	587	0	126,943	41.00
43.00	04300	NURSERY	776,766	80,303	214	0	46,217	43.00
44.00	04400	SKILLED NURSING FACILITY	729,314	163,195	434	38,317	93,924	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,184,080	672,366	1,790	66,893	386,967	50.00
51.00	05100	RECOVERY ROOM	289,748	62,434	166	24,244	35,933	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,243,634	176,237	469	44,203	101,430	52.00
53.00	05300	ANESTHESIOLOGY	383,619	4,238	11	5,445	2,439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,587,146	482,592	1,284	91,569	277,747	54.00
56.00	05600	RADIOISOTOPE	136,469	45,978	122	0	26,462	56.00
56.01	03630	ULTRA SOUND	320,914	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	419,109	106,246	283	20,768	61,148	56.02
57.00	05700	CT SCAN	364,778	43,553	116	0	25,066	57.00
58.00	05800	MRI	168,374	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	678,958	88,778	236	18,808	51,094	59.00
59.01	05901	GASTRO INTESTINAL	790,284	164,136	437	66,617	94,466	59.01
60.00	06000	LABORATORY	2,526,996	436,025	1,160	0	250,946	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	78,839	25,214	67	0	14,511	63.00
65.00	06500	RESPIRATORY THERAPY	810,471	49,815	133	0	28,670	65.00
66.00	06600	PHYSICAL THERAPY	872,944	189,656	505	16,912	109,153	66.00
66.01	06601	TCU REHAB	1,921	33,995	90	0	19,565	66.01
67.00	06700	OCCUPATIONAL THERAPY	373,985	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	204,448	30,982	82	0	17,831	68.00
69.00	06900	ELECTROCARDIOLOGY	347,198	0	0	4,290	0	69.00
69.01	06901	CARDIAC HEHAB	83,685	172,706	460	283	99,398	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,780,173	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,930,681	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,739,833	0	0	680	0	73.00
74.00	07400	RENAL DIALYSIS	398,559	6,945	18	0	3,997	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,700,262	307,697	819	190,642	177,089	91.00
91.01	09101	FAMILY PRACTICES	1,977,084	303,789	809	1,823	174,840	91.01
91.02	09102	PSYCH DAY HOSPITAL	136,075	124,020	330	0	71,378	91.02
91.03	09103	WOUND CARE	148,167	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,351,586	7,721,591	20,551	1,383,968	4,356,121	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,304	23,071	61	0	13,278	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	10,537,184	1,686,023	4,487	21,111	970,359	192.00
194.00	07950	MARKETING	1,909	33,783	90	0	19,443	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	8,336	147,492	393	0	84,886	194.03
194.04	07954	HOME DELIVERED MEALS	643	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	21,105	373,403	994	0	214,905	194.06
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)	71,922,067	9,985,363	26,576	1,405,079	5,658,992	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,815,096					10.00
11.00	01100	CAFETERIA	0	276,763				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,755	0	2,130,199		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,784	0	0	882,567	14.00
15.00	01500	PHARMACY	0	10,672	0	23,079	1,823	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	23,578	0	0	25	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	9,109	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,860,324	72,214	0	896,244	25,594	30.00
31.00	03100	INTENSIVE CARE UNIT	422,553	10,176	0	200,320	9,729	31.00
40.00	04000	SUBPROVIDER - IPF	737,936	9,240	0	94,721	409	40.00
41.00	04100	SUBPROVIDER - IRF	342,852	3,911	0	53,371	1,164	41.00
43.00	04300	NURSERY	0	3,137	0	66,233	993	43.00
44.00	04400	SKILLED NURSING FACILITY	451,431	5,460	0	62,386	1,685	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,269	0	176,820	138,132	50.00
51.00	05100	RECOVERY ROOM	0	1,771	0	33,837	841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,898	0	106,681	3,484	52.00
53.00	05300	ANESTHESIOLOGY	0	1,785	0	15,086	3,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,288	0	30,051	7,295	54.00
56.00	05600	RADIOISOTOPE	0	584	0	0	401	56.00
56.01	03630	ULTRA SOUND	0	1,805	0	60	215	56.01
56.02	03440	MAMMOGRAPHY	0	2,272	0	0	3,858	56.02
57.00	05700	CT SCAN	0	2,189	0	1,082	1,424	57.00
58.00	05800	MRI	0	939	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,331	0	33,717	7,285	59.00
59.01	05901	GASTRO INTESTINAL	0	4,637	0	53,371	15,862	59.01
60.00	06000	LABORATORY	0	1,264	0	0	36	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	1	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,105	0	0	303	65.00
66.00	06600	PHYSICAL THERAPY	0	5,465	0	0	948	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	2,323	0	240	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,076	0	0	116	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,950	0	7,032	44	69.00
69.01	06901	CARDIAC HEHAB	0	598	0	0	483	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	614,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,130	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	80	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	18,625	0	236,261	16,279	91.00
91.01	09101	FAMILY PRACTICES	0	7,950	0	661	2,169	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	985	0	4,508	0	91.02
91.03	09103	WOUND CARE	0	638	0	7,753	1,139	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,815,096	246,783	0	2,103,514	860,912	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	29,980	0	26,685	21,655	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	6,815,096	276,763	0	2,130,199	882,567	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,518,157					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	203,250				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	17		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	19,353	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,920	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,948	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,258	0	0	0	41.00
43.00	04300	NURSERY	0	508	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	585	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,731	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	4,672	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,252	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,043	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,325	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,377	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	3,671	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	3,452	0	0	0	56.02
57.00	05700	CT SCAN	0	19,007	0	0	0	57.00
58.00	05800	MRI	0	4,137	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,606	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	5,838	0	0	0	59.01
60.00	06000	LABORATORY	0	15,197	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	389	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,352	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,589	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,273	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	378	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,427	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	337	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,547	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,132	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,662,794	25,668	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	352	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	18,332	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	265	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	546	0	0	0	91.02
91.03	09103	WOUND CARE	0	252	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,662,794	191,736	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	855,363	11,514	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	7,518,157	203,250	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,259,612					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		6,186,087				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,750,513	3,467,301	0	52,831,858	-9,217,814	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,729,917	0	31.00
40.00	04000	SUBPROVIDER - IPF	40,012	24,126	0	5,511,375	-64,138	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,806,282	0	41.00
43.00	04300	NURSERY	0	0	0	2,947,189	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	3,399,033	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	432,956	261,053	0	16,982,725	-694,009	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,189,543	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,842,852	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,397,743	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,525,307	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	557,996	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	1,141,719	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	1,681,583	0	56.02
57.00	05700	CT SCAN	0	0	0	1,383,674	0	57.00
58.00	05800	MRI	0	0	0	601,085	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,611,222	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	3,202,801	0	59.01
60.00	06000	LABORATORY	0	0	0	9,649,653	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	319,256	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,953,272	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,415,262	0	66.00
66.01	06601	TCU REHAB	0	0	0	60,451	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,327,662	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	774,166	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,246,750	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	570,491	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,458,961	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,381,245	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,006,921	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,422,206	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	293,425	176,922	0	10,994,440	-470,347	91.00
91.01	09101	FAMILY PRACTICES	3,742,706	2,256,685	0	13,490,150	-5,999,391	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	683,443	0	91.02
91.03	09103	WOUND CARE	0	0	0	534,262	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,259,612	6,186,087	0	212,632,495	-16,445,699	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	41,026	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	40,926,399	0	192.00
194.00	07950	MARKETING	0	0	0	60,074	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	262,279	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	2,277	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	664,009	0	194.06
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)	10,259,612	6,186,087	0	254,588,559	-16,445,699	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	43,614,044	30.00
31.00	03100	INTENSIVE CARE UNIT	7,729,917	31.00
40.00	04000	SUBPROVIDER - IPF	5,447,237	40.00
41.00	04100	SUBPROVIDER - IRF	2,806,282	41.00
43.00	04300	NURSERY	2,947,189	43.00
44.00	04400	SKILLED NURSING FACILITY	3,399,033	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	16,288,716	50.00
51.00	05100	RECOVERY ROOM	1,189,543	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,842,852	52.00
53.00	05300	ANESTHESIOLOGY	1,397,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,525,307	54.00
56.00	05600	RADIOISOTOPE	557,996	56.00
56.01	03630	ULTRA SOUND	1,141,719	56.01
56.02	03440	MAMMOGRAPHY	1,681,583	56.02
57.00	05700	CT SCAN	1,383,674	57.00
58.00	05800	MRI	601,085	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,611,222	59.00
59.01	05901	GASTRO INTESTINAL	3,202,801	59.01
60.00	06000	LABORATORY	9,649,653	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	319,256	63.00
65.00	06500	RESPIRATORY THERAPY	2,953,272	65.00
66.00	06600	PHYSICAL THERAPY	3,415,262	66.00
66.01	06601	TCU REHAB	60,451	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,327,662	67.00
68.00	06800	SPEECH PATHOLOGY	774,166	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246,750	69.00
69.01	06901	CARDIAC HEHAB	570,491	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,458,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,381,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,006,921	73.00
74.00	07400	RENAL DIALYSIS	1,422,206	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	10,524,093	91.00
91.01	09101	FAMILY PRACTICES	7,490,759	91.01
91.02	09102	PSYCH DAY HOSPITAL	683,443	91.02
91.03	09103	WOUND CARE	534,262	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	196,186,796	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	41,026	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	40,926,399	192.00
194.00	07950	MARKETING	60,074	194.00
194.01	07951	MACNEAL SCHOOL	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.03	07953	RETAIL PHARMACY	262,279	194.03
194.04	07954	HOME DELIVERED MEALS	2,277	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	664,009	194.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	238,142,860	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet 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	112,127	138,176	250,303	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	443,815	546,921	990,736	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	698	860	1,558	8.00
9.00	00900	HOUSEKEEPING	0	9,123	11,242	20,365	9.00
10.00	01000	DIETARY	0	26,485	32,638	59,123	10.00
11.00	01100	CAFETERIA	0	10,008	12,333	22,341	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,047	2,522	4,569	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,704	7,030	12,734	14.00
15.00	01500	PHARMACY	0	7,055	8,694	15,749	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,350	9,057	16,407	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,553	10,541	19,094	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	129,997	160,198	290,195	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,460	14,122	25,582	31.00
40.00	04000	SUBPROVIDER - IPF	0	21,385	26,353	47,738	40.00
41.00	04100	SUBPROVIDER - IRF	0	14,184	17,479	31,663	41.00
43.00	04300	NURSERY	0	5,164	6,364	11,528	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,494	12,932	23,426	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	43,236	53,281	96,517	50.00
51.00	05100	RECOVERY ROOM	0	4,015	4,948	8,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,333	13,966	25,299	52.00
53.00	05300	ANESTHESIOLOGY	0	272	336	608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,033	38,243	69,276	54.00
56.00	05600	RADIOISOTOPE	0	2,957	3,643	6,600	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	6,832	8,419	15,251	56.02
57.00	05700	CT SCAN	0	2,801	3,451	6,252	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,709	7,035	12,744	59.00
59.01	05901	GASTRO INTESTINAL	0	10,555	13,007	23,562	59.01
60.00	06000	LABORATORY	0	28,039	34,553	62,592	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,621	1,998	3,619	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,203	3,948	7,151	65.00
66.00	06600	PHYSICAL THERAPY	0	12,196	15,029	27,225	66.00
66.01	06601	TCU REHAB	0	2,186	2,694	4,880	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,992	2,455	4,447	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	11,106	13,686	24,792	69.01
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	447	550	997	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	19,786	24,383	44,169	91.00
91.01	09101	FAMILY PRACTICES	0	19,535	24,074	43,609	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	7,975	9,828	17,803	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,052,478	1,296,989	2,349,467	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,484	1,828	3,312	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	108,420	133,608	242,028	0	192.00
194.00	07950	MARKETING	0	2,172	2,677	4,849	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	9,484	11,688	21,172	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	24,012	29,590	53,602	0	194.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,198,050	1,476,380	2,674,430	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	250,303					5.00
6.00	00600	MAINTENANCE & REPAIRS	9,815	1,000,551				6.00
7.00	00700	OPERATION OF PLANT	26	0	26			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,370	1,087	0	4,015		8.00
9.00	00900	HOUSEKEEPING	5,423	14,215	0	0	40,003	9.00
10.00	01000	DIETARY	6,048	41,270	1	35	1,676	10.00
11.00	01100	CAFETERIA	31	15,595	0	0	633	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,042	3,189	0	0	129	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	710	8,889	0	50	361	14.00
15.00	01500	PHARMACY	7,185	10,993	0	0	446	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22	11,453	0	0	465	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,062	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,862	13,328	0	10	541	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,369	202,567	12	1,723	8,226	30.00
31.00	03100	INTENSIVE CARE UNIT	6,601	17,857	0	250	725	31.00
40.00	04000	SUBPROVIDER - IPF	3,941	33,323	1	197	1,353	40.00
41.00	04100	SUBPROVIDER - IRF	2,021	22,101	1	0	897	41.00
43.00	04300	NURSERY	2,703	8,046	0	0	327	43.00
44.00	04400	SKILLED NURSING FACILITY	2,538	16,352	0	110	664	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,559	67,372	2	191	2,735	50.00
51.00	05100	RECOVERY ROOM	1,008	6,256	0	69	254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,327	17,659	0	126	717	52.00
53.00	05300	ANESTHESIOLOGY	1,335	425	0	16	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,522	48,357	1	262	1,963	54.00
56.00	05600	RADIOISOTOPE	475	4,607	0	0	187	56.00
56.01	03630	ULTRA SOUND	1,117	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	1,458	10,646	0	59	432	56.02
57.00	05700	CT SCAN	1,269	4,364	0	0	177	57.00
58.00	05800	MRI	586	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,362	8,896	0	54	361	59.00
59.01	05901	GASTRO INTESTINAL	2,750	16,447	0	190	668	59.01
60.00	06000	LABORATORY	8,793	43,691	1	0	1,774	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	274	2,526	0	0	103	63.00
65.00	06500	RESPIRATORY THERAPY	2,820	4,992	0	0	203	65.00
66.00	06600	PHYSICAL THERAPY	3,037	19,004	0	48	772	66.00
66.01	06601	TCU REHAB	7	3,406	0	0	138	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,301	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	711	3,104	0	0	126	68.00
69.00	06900	ELECTROCARDIOLOGY	1,208	0	0	12	0	69.00
69.01	06901	CARDIAC HEHAB	291	17,305	0	1	703	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,674	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,197	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,972	0	0	2	0	73.00
74.00	07400	RENAL DIALYSIS	1,387	696	0	0	28	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,396	30,832	1	545	1,252	91.00
91.01	09101	FAMILY PRACTICES	6,879	30,440	1	5	1,236	91.01
91.02	09102	PSYCH DAY HOSPITAL	473	12,427	0	0	505	91.02
91.03	09103	WOUND CARE	516	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	213,473	773,717	21	3,955	30,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	5	2,312	0	0	94	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	36,714	168,942	4	60	6,859	192.00
194.00	07950	MARKETING	7	3,385	0	0	137	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	29	14,779	0	0	600	194.03
194.04	07954	HOME DELIVERED MEALS	2	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	73	37,416	1	0	1,519	194.06
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)	250,303	1,000,551	26	4,015	40,003	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	108,153					10.00
11.00	01100	CAFETERIA	0	38,600				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	384	0	10,313		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	388	0	0	23,132	14.00
15.00	01500	PHARMACY	0	1,488	0	112	48	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,288	0	0	1	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,270	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,131	10,075	0	4,340	671	30.00
31.00	03100	INTENSIVE CARE UNIT	6,706	1,419	0	970	255	31.00
40.00	04000	SUBPROVIDER - IPF	11,711	1,289	0	459	11	40.00
41.00	04100	SUBPROVIDER - IRF	5,441	545	0	258	30	41.00
43.00	04300	NURSERY	0	438	0	321	26	43.00
44.00	04400	SKILLED NURSING FACILITY	7,164	761	0	302	44	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,130	0	856	3,620	50.00
51.00	05100	RECOVERY ROOM	0	247	0	164	22	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	823	0	516	91	52.00
53.00	05300	ANESTHESIOLOGY	0	249	0	73	99	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,295	0	145	191	54.00
56.00	05600	RADIOISOTOPE	0	81	0	0	11	56.00
56.01	03630	ULTRA SOUND	0	252	0	0	6	56.01
56.02	03440	MAMMOGRAPHY	0	317	0	0	101	56.02
57.00	05700	CT SCAN	0	305	0	5	37	57.00
58.00	05800	MRI	0	131	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	325	0	163	191	59.00
59.01	05901	GASTRO INTESTINAL	0	647	0	258	416	59.01
60.00	06000	LABORATORY	0	176	0	0	1	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	572	0	0	8	65.00
66.00	06600	PHYSICAL THERAPY	0	762	0	0	25	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	324	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	150	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	272	0	34	1	69.00
69.01	06901	CARDIAC HEHAB	0	83	0	0	13	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,096	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	30	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	2	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,598	0	1,144	427	91.00
91.01	09101	FAMILY PRACTICES	0	1,109	0	3	57	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	137	0	22	0	91.02
91.03	09103	WOUND CARE	0	89	0	38	30	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,153	34,419	0	10,184	22,564	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4,181	0	129	568	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	108,153	38,600	0	10,313	23,132	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	36,021					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,347				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,700	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	407	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	272	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	176	0			41.00
43.00	04300	NURSERY	0	71	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	82	0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,753	0			50.00
51.00	05100	RECOVERY ROOM	0	652	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	314	0			52.00
53.00	05300	ANESTHESIOLOGY	0	983	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,022	0			54.00
56.00	05600	RADIOISOTOPE	0	192	0			56.00
56.01	03630	ULTRA SOUND	0	512	0			56.01
56.02	03440	MAMMOGRAPHY	0	482	0			56.02
57.00	05700	CT SCAN	0	2,652	0			57.00
58.00	05800	MRI	0	577	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	782	0			59.00
59.01	05901	GASTRO INTESTINAL	0	815	0			59.01
60.00	06000	LABORATORY	0	2,120	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	54	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	189	0			65.00
66.00	06600	PHYSICAL THERAPY	0	361	0			66.00
66.01	06601	TCU REHAB	0	0	0			66.01
67.00	06700	OCCUPATIONAL THERAPY	0	178	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	53	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	618	0			69.00
69.01	06901	CARDIAC HEHAB	0	47	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	495	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	856	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,923	3,568	0			73.00
74.00	07400	RENAL DIALYSIS	0	49	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,558	0			91.00
91.01	09101	FAMILY PRACTICES	0	37	0			91.01
91.02	09102	PSYCH DAY HOSPITAL	0	76	0			91.02
91.03	09103	WOUND CARE	0	35	0			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,923	26,740	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,098	1,607	0			192.00
194.00	07950	MARKETING	0	0	0			194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
194.01	07951	MACNEAL SCHOOL	0	0	0			194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0			194.02
194.03	07953	RETAIL PHARMACY	0	0	0			194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0			194.04
194.05	07955	CATERED MEALS	0	0	0			194.05
194.06	07956	VACANT SPACE	0	0	0			194.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,021	28,347	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,353					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		40,105				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				631,009	0	30.00
31.00	03100	INTENSIVE CARE UNIT				60,772	0	31.00
40.00	04000	SUBPROVIDER - IPF				100,295	0	40.00
41.00	04100	SUBPROVIDER - IRF				63,133	0	41.00
43.00	04300	NURSERY				23,460	0	43.00
44.00	04400	SKILLED NURSING FACILITY				51,443	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				190,735	0	50.00
51.00	05100	RECOVERY ROOM				17,635	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				49,872	0	52.00
53.00	05300	ANESTHESIOLOGY				3,805	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				128,034	0	54.00
56.00	05600	RADIOISOTOPE				12,153	0	56.00
56.01	03630	ULTRA SOUND				1,887	0	56.01
56.02	03440	MAMMOGRAPHY				28,746	0	56.02
57.00	05700	CT SCAN				15,061	0	57.00
58.00	05800	MRI				1,294	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				25,878	0	59.00
59.01	05901	GASTRO INTESTINAL				45,753	0	59.01
60.00	06000	LABORATORY				119,148	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.				6,576	0	63.00
65.00	06500	RESPIRATORY THERAPY				15,935	0	65.00
66.00	06600	PHYSICAL THERAPY				51,234	0	66.00
66.01	06601	TCU REHAB				8,431	0	66.01
67.00	06700	OCCUPATIONAL THERAPY				1,804	0	67.00
68.00	06800	SPEECH PATHOLOGY				8,594	0	68.00
69.00	06900	ELECTROCARDIOLOGY				2,145	0	69.00
69.01	06901	CARDIAC HEHAB				43,235	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				26,265	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				11,083	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				55,465	0	73.00
74.00	07400	RENAL DIALYSIS				3,159	0	74.00
76.97	07697	CARDIAC REHABILITATION				0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY				92,922	0	91.00
91.01	09101	FAMILY PRACTICES				83,376	0	91.01
91.02	09102	PSYCH DAY HOSPITAL				31,443	0	91.02
91.03	09103	WOUND CARE				708	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	2,012,488	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				5,723	0	190.00
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				465,190	0	192.00
194.00	07950	MARKETING				8,378	0	194.00
194.01	07951	MACNEAL SCHOOL				0	0	194.01
194.02	07952	COMMUNITY RELATIONS				0	0	194.02
194.03	07953	RETAIL PHARMACY				36,580	0	194.03
194.04	07954	HOME DELIVERED MEALS				2	0	194.04
194.05	07955	CATERED MEALS				0	0	194.05
194.06	07956	VACANT SPACE				92,611	0	194.06
200.00		Cross Foot Adjustments	13,353	40,105	0	53,458	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,353	40,105	0	2,674,430	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	631,009	30.00
31.00	03100	INTENSIVE CARE UNIT	60,772	31.00
40.00	04000	SUBPROVIDER - IPF	100,295	40.00
41.00	04100	SUBPROVIDER - IRF	63,133	41.00
43.00	04300	NURSERY	23,460	43.00
44.00	04400	SKILLED NURSING FACILITY	51,443	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	190,735	50.00
51.00	05100	RECOVERY ROOM	17,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,872	52.00
53.00	05300	ANESTHESIOLOGY	3,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,034	54.00
56.00	05600	RADIOISOTOPE	12,153	56.00
56.01	03630	ULTRA SOUND	1,887	56.01
56.02	03440	MAMMOGRAPHY	28,746	56.02
57.00	05700	CT SCAN	15,061	57.00
58.00	05800	MRI	1,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,878	59.00
59.01	05901	GASTRO INTESTINAL	45,753	59.01
60.00	06000	LABORATORY	119,148	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,576	63.00
65.00	06500	RESPIRATORY THERAPY	15,935	65.00
66.00	06600	PHYSICAL THERAPY	51,234	66.00
66.01	06601	TCU REHAB	8,431	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,804	67.00
68.00	06800	SPEECH PATHOLOGY	8,594	68.00
69.00	06900	ELECTROCARDIOLOGY	2,145	69.00
69.01	06901	CARDIAC HEHAB	43,235	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,465	73.00
74.00	07400	RENAL DIALYSIS	3,159	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	92,922	91.00
91.01	09101	FAMILY PRACTICES	83,376	91.01
91.02	09102	PSYCH DAY HOSPITAL	31,443	91.02
91.03	09103	WOUND CARE	708	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,012,488	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	5,723	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	465,190	192.00
194.00	07950	MARKETING	8,378	194.00
194.01	07951	MACNEAL SCHOOL	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			Total	
			26.00	
194.03	07953	RETAIL PHARMACY	36,580	194.03
194.04	07954	HOME DELIVERED MEALS	2	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	92,611	194.06
200.00		Cross Foot Adjustments	53,458	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,674,430	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	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	791,376					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		791,376				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	109,313,591			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	74,066	74,066	7,307,051	-71,922,067	182,666,492	5.00
6.00	00600	MAINTENANCE & REPAIRS	293,163	293,163	1,603,564	0	7,164,468	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	19,068	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461	461	516,332	0	1,000,332	8.00
9.00	00900	HOUSEKEEPING	6,026	6,026	2,389,359	0	3,958,251	9.00
10.00	01000	DIETARY	17,495	17,495	2,696,686	0	4,414,553	10.00
11.00	01100	CAFETERIA	6,611	6,611	0	0	22,341	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,352	1,352	1,158,216	0	1,490,393	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	453,506	0	518,319	14.00
15.00	01500	PHARMACY	4,660	4,660	3,772,145	0	5,244,504	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	0	0	16,407	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,829,811	0	7,344,294	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	5,650	3,264,239	0	4,278,794	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,870	85,870	19,751,430	0	24,356,928	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	7,570	3,348,225	0	4,818,327	31.00
40.00	04000	SUBPROVIDER - IPF	14,126	14,126	2,371,291	0	2,876,652	40.00
41.00	04100	SUBPROVIDER - IRF	9,369	9,369	1,123,826	0	1,474,908	41.00
43.00	04300	NURSERY	3,411	3,411	1,268,175	0	1,972,818	43.00
44.00	04400	SKILLED NURSING FACILITY	6,932	6,932	1,462,105	0	1,852,302	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,560	28,560	4,654,273	0	10,626,668	50.00
51.00	05100	RECOVERY ROOM	2,652	2,652	603,507	0	735,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	2,106,402	0	3,158,564	52.00
53.00	05300	ANESTHESIOLOGY	180	180	452,178	0	974,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	2,696,041	0	4,031,010	54.00
56.00	05600	RADIOISOTOPE	1,953	1,953	245,510	0	346,603	56.00
56.01	03630	ULTRA SOUND	0	0	674,177	0	815,054	56.01
56.02	03440	MAMMOGRAPHY	4,513	4,513	735,181	0	1,064,447	56.02
57.00	05700	CT SCAN	1,850	1,850	675,759	0	926,459	57.00
58.00	05800	MRI	0	0	334,907	0	427,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,771	3,771	899,543	0	1,724,409	59.00
59.01	05901	GASTRO INTESTINAL	6,972	6,972	1,385,896	0	2,007,153	59.01
60.00	06000	LABORATORY	18,521	18,521	3,401,749	0	6,418,029	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,071	1,071	0	0	200,235	63.00
65.00	06500	RESPIRATORY THERAPY	2,116	2,116	1,236,547	0	2,058,423	65.00
66.00	06600	PHYSICAL THERAPY	8,056	8,056	1,835,614	0	2,217,090	66.00
66.01	06601	TCU REHAB	1,444	1,444	0	0	4,880	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	794,148	0	949,841	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	1,316	408,852	0	519,253	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	697,858	0	881,809	69.00
69.01	06901	CARDIAC REHAB	7,336	7,336	140,899	0	212,541	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,061,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,443,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	14,577,946	73.00
74.00	07400	RENAL DIALYSIS	295	295	0	0	1,012,255	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,070	13,070	5,133,779	0	6,858,087	91.00
91.01	09101	FAMILY PRACTICES	12,904	12,904	3,154,177	0	5,021,369	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,268	5,268	267,399	0	345,601	91.02
91.03	09103	WOUND CARE	0	0	161,672	0	376,313	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	695,218	695,218	91,012,029	-71,922,067	155,819,885	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	980	0	0	3,312	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	71,617	71,617	18,301,562	0	26,762,038	192.00
194.00	07950	MARKETING	1,435	1,435	0	0	4,849	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	6,265	6,265	0	0	21,172	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	1,634	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	15,861	15,861	0	0	53,602	194.06
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)	1,198,050	1,476,380	2,361,704		71,922,067	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.513882	1.865586	0.021605		0.393734	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		250,303	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.001370	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	424,147					6.00
7.00	00700	OPERATION OF PLANT	0	424,147				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461	461	1,675,243			8.00
9.00	00900	HOUSEKEEPING	6,026	6,026	0	417,660		9.00
10.00	01000	DIETARY	17,495	17,495	14,750	17,495	236,942	10.00
11.00	01100	CAFETERIA	6,611	6,611	0	6,611	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,352	1,352	0	1,352	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	20,730	3,768	0	14.00
15.00	01500	PHARMACY	4,660	4,660	0	4,660	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	0	4,855	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	5,650	4,240	5,650	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,870	85,870	718,712	85,870	168,980	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	7,570	104,320	7,570	14,691	31.00
40.00	04000	SUBPROVIDER - IPF	14,126	14,126	82,095	14,126	25,656	40.00
41.00	04100	SUBPROVIDER - IRF	9,369	9,369	0	9,369	11,920	41.00
43.00	04300	NURSERY	3,411	3,411	0	3,411	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,932	6,932	45,685	6,932	15,695	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,560	28,560	79,755	28,560	0	50.00
51.00	05100	RECOVERY ROOM	2,652	2,652	28,906	2,652	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	52,702	7,486	0	52.00
53.00	05300	ANESTHESIOLOGY	180	180	6,492	180	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	109,176	20,499	0	54.00
56.00	05600	RADIOISOTOPE	1,953	1,953	0	1,953	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	4,513	4,513	24,761	4,513	0	56.02
57.00	05700	CT SCAN	1,850	1,850	0	1,850	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,771	3,771	22,424	3,771	0	59.00
59.01	05901	GASTRO INTESTINAL	6,972	6,972	79,426	6,972	0	59.01
60.00	06000	LABORATORY	18,521	18,521	0	18,521	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,071	1,071	0	1,071	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,116	2,116	0	2,116	0	65.00
66.00	06600	PHYSICAL THERAPY	8,056	8,056	20,164	8,056	0	66.00
66.01	06601	TCU REHAB	1,444	1,444	0	1,444	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	1,316	0	1,316	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,115	0	0	69.00
69.01	06901	CARDIAC HEHAB	7,336	7,336	338	7,336	0	69.01
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	811	0	0	73.00
74.00	07400	RENAL DIALYSIS	295	295	0	295	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,070	13,070	227,298	13,070	0	91.00
91.01	09101	FAMILY PRACTICES	12,904	12,904	2,173	12,904	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,268	5,268	0	5,268	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	327,989	327,989	1,650,073	321,502	236,942	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	980	0	980	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	71,617	71,617	25,170	71,617	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.00	07950	MARKETING	1,435	1,435	0	1,435	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	6,265	6,265	0	6,265	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	15,861	15,861	0	15,861	0	194.06
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)	9,985,363	26,576	1,405,079	5,658,992	6,815,096	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.542222	0.062658	0.838731	13.549279	28.762718	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,000,551	26	4,015	40,003	108,153	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.358972	0.000061	0.002397	0.095779	0.456453	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	97,227					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	968	0	35,443			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	978	0	0	7,507,410		14.00
15.00	01500	PHARMACY	3,749	0	384	15,510	10,358,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,283	0	0	213	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,200	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,369	0	14,912	217,711	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,575	0	3,333	82,759	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,246	0	1,576	3,475	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,374	0	888	9,898	0	41.00
43.00	04300	NURSERY	1,102	0	1,102	8,449	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,918	0	1,038	14,331	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,364	0	2,942	1,175,005	0	50.00
51.00	05100	RECOVERY ROOM	622	0	563	7,151	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,072	0	1,775	29,635	0	52.00
53.00	05300	ANESTHESIOLOGY	627	0	251	32,042	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,263	0	500	62,053	0	54.00
56.00	05600	RADIOISOTOPE	205	0	0	3,408	0	56.00
56.01	03630	ULTRA SOUND	634	0	1	1,831	0	56.01
56.02	03440	MAMMOGRAPHY	798	0	0	32,817	0	56.02
57.00	05700	CT SCAN	769	0	18	12,115	0	57.00
58.00	05800	MRI	330	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	819	0	561	61,965	0	59.00
59.01	05901	GASTRO INTESTINAL	1,629	0	888	134,930	0	59.01
60.00	06000	LABORATORY	444	0	0	309	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	11	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,442	0	0	2,576	0	65.00
66.00	06600	PHYSICAL THERAPY	1,920	0	0	8,065	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	816	0	4	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	378	0	0	984	0	68.00
69.00	06900	ELECTROCARDIOLOGY	685	0	117	377	0	69.00
69.01	06901	CARDIAC HEHAB	210	0	0	4,105	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,224,576	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,610	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,179,909	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	680	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,543	0	3,931	138,477	0	91.00
91.01	09101	FAMILY PRACTICES	2,793	0	11	18,450	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	346	0	75	0	0	91.02
91.03	09103	WOUND CARE	224	0	129	9,686	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,695	0	34,999	7,323,205	9,179,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	10,532	0	444	184,205	1,178,507	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	276,763	0	2,130,199	882,567	7,518,157	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.846565	0.000000	60.102108	0.117559	0.725802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,600	0	10,313	23,132	36,021	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.397009	0.000000	0.290974	0.003081	0.003477	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,580,516,856					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	130,772	0			10,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	150,021,287	0	0	0	5,605	30.00
31.00	03100	INTENSIVE CARE UNIT	22,636,201	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	15,103,768	0	0	0	39	40.00
41.00	04100	SUBPROVIDER - IRF	9,751,706	0	0	0	0	41.00
43.00	04300	NURSERY	3,939,280	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,535,761	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	152,950,980	0	0	0	422	50.00
51.00	05100	RECOVERY ROOM	36,214,406	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,454,461	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54,600,399	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,781,192	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	10,674,538	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	28,458,171	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	26,762,059	0	0	0	0	56.02
57.00	05700	CT SCAN	147,340,457	0	0	0	0	57.00
58.00	05800	MRI	32,072,741	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,457,030	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	45,253,463	0	0	0	0	59.01
60.00	06000	LABORATORY	117,805,171	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,013,530	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,482,528	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,072,110	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	9,865,604	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,928,179	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,321,158	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	2,615,514	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,492,254	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,536,360	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,917,984	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,727,362	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	142,107,449	0	0	0	286	91.00
91.01	09101	FAMILY PRACTICES	2,055,860	0	0	0	3,648	91.01
91.02	09102	PSYCH DAY HOSPITAL	4,233,305	0	0	0	0	91.02
91.03	09103	WOUND CARE	1,951,145	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,491,264,185	0	0	0	10,000	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
NONREIMBURSABLE COST CENTERS			16.00	17.00	19.00	20.00	21.00	
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	89,252,671	0	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	203,250	0	0	0	10,259,612	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000129	0.000000	0.000000	0.000000	1,025.961200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,347	0	0	0	13,353	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000018	0.000000	0.000000	0.000000	1.335300	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			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
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,000		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,605	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	39	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	422	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
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	286	0	91.00
91.01	09101	FAMILY PRACTICES	3,648	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103	WOUND CARE	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0		192.00
194.00	07950	MARKETING	0	0		194.00
194.01	07951	MACNEAL SCHOOL	0	0		194.01
194.02	07952	COMMUNITY RELATIONS	0	0		194.02
194.03	07953	RETAIL PHARMACY	0	0		194.03
194.04	07954	HOME DELIVERED MEALS	0	0		194.04
194.05	07955	CATERED MEALS	0	0		194.05
194.06	07956	VACANT SPACE	0	0		194.06
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)	6,186,087	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	618.608700	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,105	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.010500	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	43,614,044		43,614,044	0	43,614,044	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,729,917		7,729,917	26,441	7,756,358	31.00	
40.00	04000	SUBPROVIDER - IPF	5,447,237		5,447,237	0	5,447,237	40.00	
41.00	04100	SUBPROVIDER - IRF	2,806,282		2,806,282	0	2,806,282	41.00	
43.00	04300	NURSERY	2,947,189		2,947,189	0	2,947,189	43.00	
44.00	04400	SKILLED NURSING FACILITY	3,399,033		3,399,033	0	3,399,033	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,288,716		16,288,716	0	16,288,716	50.00	
51.00	05100	RECOVERY ROOM	1,189,543		1,189,543	0	1,189,543	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,842,852		4,842,852	0	4,842,852	52.00	
53.00	05300	ANESTHESIOLOGY	1,397,743		1,397,743	0	1,397,743	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,525,307		6,525,307	0	6,525,307	54.00	
56.00	05600	RADIOISOTOPE	557,996		557,996	0	557,996	56.00	
56.01	03630	ULTRA SOUND	1,141,719		1,141,719	0	1,141,719	56.01	
56.02	03440	MAMMOGRAPHY	1,681,583		1,681,583	0	1,681,583	56.02	
57.00	05700	CT SCAN	1,383,674		1,383,674	0	1,383,674	57.00	
58.00	05800	MRI	601,085		601,085	0	601,085	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,611,222		2,611,222	2,877	2,614,099	59.00	
59.01	05901	GASTRO INTESTINAL	3,202,801		3,202,801	0	3,202,801	59.01	
60.00	06000	LABORATORY	9,649,653		9,649,653	0	9,649,653	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	319,256		319,256	0	319,256	63.00	
65.00	06500	RESPIRATORY THERAPY	2,953,272	0	2,953,272	0	2,953,272	65.00	
66.00	06600	PHYSICAL THERAPY	3,415,262	0	3,415,262	0	3,415,262	66.00	
66.01	06601	TCU REHAB	60,451	0	60,451	0	60,451	66.01	
67.00	06700	OCCUPATIONAL THERAPY	1,327,662	0	1,327,662	0	1,327,662	67.00	
68.00	06800	SPEECH PATHOLOGY	774,166	0	774,166	0	774,166	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,246,750		1,246,750	0	1,246,750	69.00	
69.01	06901	CARDIAC HEHAB	570,491		570,491	0	570,491	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,458,961		10,458,961	0	10,458,961	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,381,245		10,381,245	0	10,381,245	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	27,006,921		27,006,921	0	27,006,921	73.00	
74.00	07400	RENAL DIALYSIS	1,422,206		1,422,206	0	1,422,206	74.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	10,524,093		10,524,093	0	10,524,093	91.00	
91.01	09101	FAMILY PRACTICES	7,490,759		7,490,759	0	7,490,759	91.01	
91.02	09102	PSYCH DAY HOSPITAL	683,443		683,443	0	683,443	91.02	
91.03	09103	WOUND CARE	534,262		534,262	0	534,262	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,485,963		4,485,963		4,485,963	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99	
200.00		Subtotal (see instructions)	200,672,759	0	200,672,759	29,318	200,702,077	200.00	
201.00		Less Observation Beds	4,485,963		4,485,963		4,485,963	201.00	
202.00		Total (see instructions)	196,186,796	0	196,186,796	29,318	196,216,114	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	138,520,296		138,520,296			30.00
31.00	03100	INTENSIVE CARE UNIT	22,585,669		22,585,669			31.00
40.00	04000	SUBPROVIDER - IPF	15,103,596		15,103,596			40.00
41.00	04100	SUBPROVIDER - IRF	9,751,706		9,751,706			41.00
43.00	04300	NURSERY	3,939,280		3,939,280			43.00
44.00	04400	SKILLED NURSING FACILITY	4,535,761		4,535,761			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,820,590	106,130,390	152,950,980	0.106496	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,455,638	28,758,768	36,214,406	0.032847	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,590,008	1,864,453	17,454,461	0.277456	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,693,019	38,907,380	54,600,399	0.025600	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,560,430	43,220,761	56,781,191	0.114920	0.000000	54.00
56.00	05600	RADIOISOTOPE	2,392,366	8,282,172	10,674,538	0.052274	0.000000	56.00
56.01	03630	ULTRA SOUND	4,773,809	23,684,362	28,458,171	0.040119	0.000000	56.01
56.02	03440	MAMMOGRAPHY	16,397	26,745,662	26,762,059	0.062835	0.000000	56.02
57.00	05700	CT SCAN	46,271,095	101,069,362	147,340,457	0.009391	0.000000	57.00
58.00	05800	MRI	7,312,963	24,759,778	32,072,741	0.018741	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,853,408	22,603,623	43,457,031	0.060087	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	6,778,056	38,475,407	45,253,463	0.070775	0.000000	59.01
60.00	06000	LABORATORY	58,284,204	59,520,967	117,805,171	0.081912	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,315,879	697,651	3,013,530	0.105941	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,458,049	1,024,479	10,482,528	0.281733	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,056,359	10,015,751	20,072,110	0.170150	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	8,796,645	1,068,959	9,865,604	0.134575	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,168,126	760,053	2,928,179	0.264385	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	14,132,167	20,188,990	34,321,157	0.036326	0.000000	69.00
69.01	06901	CARDIAC HEHAB	1,606	2,613,908	2,615,514	0.218118	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,963,141	17,529,113	27,492,254	0.380433	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,895,256	24,641,104	47,536,360	0.218385	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,347,001	136,570,983	203,917,984	0.132440	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,581,562	145,800	2,727,362	0.521458	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	37,708,963	104,398,486	142,107,449	0.074057	0.000000	91.00
91.01	09101	FAMILY PRACTICES	7,978	2,047,882	2,055,860	3.643613	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	4,233,305	4,233,305	0.161444	0.000000	91.02
91.03	09103	WOUND CARE	8,334	1,942,811	1,951,145	0.273820	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,474,841	19,810,609	31,285,450	0.143388	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99
200.00		Subtotal (see instructions)	639,154,198	871,712,969	1,510,867,167			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	639,154,198	871,712,969	1,510,867,167			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 1:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106496		50.00
51.00	05100	RECOVERY ROOM	0.032847		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277456		52.00
53.00	05300	ANESTHESIOLOGY	0.025600		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114920		54.00
56.00	05600	RADIOISOTOPE	0.052274		56.00
56.01	03630	ULTRA SOUND	0.040119		56.01
56.02	03440	MAMMOGRAPHY	0.062835		56.02
57.00	05700	CT SCAN	0.009391		57.00
58.00	05800	MRI	0.018741		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060154		59.00
59.01	05901	GASTRO INTESTINAL	0.070775		59.01
60.00	06000	LABORATORY	0.081912		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.105941		63.00
65.00	06500	RESPIRATORY THERAPY	0.281733		65.00
66.00	06600	PHYSICAL THERAPY	0.170150		66.00
66.01	06601	TCU REHAB	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.134575		67.00
68.00	06800	SPEECH PATHOLOGY	0.264385		68.00
69.00	06900	ELECTROCARDIOLOGY	0.036326		69.00
69.01	06901	CARDIAC HEHAB	0.218118		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380433		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.218385		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132440		73.00
74.00	07400	RENAL DIALYSIS	0.521458		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.074057		91.00
91.01	09101	FAMILY PRACTICES	3.643613		91.01
91.02	09102	PSYCH DAY HOSPITAL	0.161444		91.02
91.03	09103	WOUND CARE	0.273820		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.143388		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,831,858		52,831,858	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,729,917		7,729,917	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,511,375		5,511,375	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,806,282		2,806,282	0	0	41.00
43.00	04300	NURSERY	2,947,189		2,947,189	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,399,033		3,399,033	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,982,725		16,982,725	0	0	50.00
51.00	05100	RECOVERY ROOM	1,189,543		1,189,543	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,842,852		4,842,852	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,397,743		1,397,743	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,525,307		6,525,307	0	0	54.00
56.00	05600	RADIOISOTOPE	557,996		557,996	0	0	56.00
56.01	03630	ULTRA SOUND	1,141,719		1,141,719	0	0	56.01
56.02	03440	MAMMOGRAPHY	1,681,583		1,681,583	0	0	56.02
57.00	05700	CT SCAN	1,383,674		1,383,674	0	0	57.00
58.00	05800	MRI	601,085		601,085	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,611,222		2,611,222	0	0	59.00
59.01	05901	GASTRO INTESTINAL	3,202,801		3,202,801	0	0	59.01
60.00	06000	LABORATORY	9,649,653		9,649,653	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	319,256		319,256	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,953,272	0	2,953,272	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,415,262	0	3,415,262	0	0	66.00
66.01	06601	TCU REHAB	60,451	0	60,451	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,327,662	0	1,327,662	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	774,166	0	774,166	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246,750		1,246,750	0	0	69.00
69.01	06901	CARDIAC HEHAB	570,491		570,491	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,458,961		10,458,961	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,381,245		10,381,245	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,006,921		27,006,921	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,422,206		1,422,206	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,994,440		10,994,440	0	0	91.00
91.01	09101	FAMILY PRACTICES	13,490,150		13,490,150	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	683,443		683,443	0	0	91.02
91.03	09103	WOUND CARE	534,262		534,262	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
200.00		Subtotal (see instructions)	212,632,495	0	212,632,495	0	0	200.00
201.00		Less Observation Beds	0		0	0	0	201.00
202.00		Total (see instructions)	212,632,495	0	212,632,495	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
									6.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	0		0			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
56.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	56.01	
56.02	03440	MAMMOGRAPHY	0	0	0	0.000000	0.000000	56.02	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
59.01	05901	GASTRO INTESTINAL	0	0	0	0.000000	0.000000	59.01	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
66.01	06601	TCU REHAB	0	0	0	0.000000	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	06901	CARDIAC HEHAB	0	0	0	0.000000	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
91.01	09101	FAMILY PRACTICES	0	0	0	0.000000	0.000000	91.01	
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0.000000	0.000000	91.02	
91.03	09103	WOUND CARE	0	0	0	0.000000	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03630	ULTRA SOUND	0.000000			56.01
56.02	03440	MAMMOGRAPHY	0.000000			56.02
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
59.01	05901	GASTRO INTESTINAL	0.000000			59.01
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
66.01	06601	TCU REHAB	0.000000			66.01
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
69.01	06901	CARDIAC HEHAB	0.000000			69.01
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
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	FAMILY PRACTICES	0.000000			91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000			91.02
91.03	09103	WOUND CARE	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	631,009	0	631,009	47,474	13.29	30.00
31.00	INTENSIVE CARE UNIT	60,772		60,772	3,876	15.68	31.00
40.00	SUBPROVIDER - IPF	100,295	0	100,295	6,769	14.82	40.00
41.00	SUBPROVIDER - IRF	63,133	0	63,133	3,145	20.07	41.00
43.00	NURSERY	23,460		23,460	1,992	11.78	43.00
44.00	SKILLED NURSING FACILITY	51,443		51,443	4,141	12.42	44.00
200.00	Total (lines 30 through 199)	930,112		930,112	67,397		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	8,633	114,733				30.00
31.00	INTENSIVE CARE UNIT	1,003	15,727				31.00
40.00	SUBPROVIDER - IPF	1,513	22,423				40.00
41.00	SUBPROVIDER - IRF	1,420	28,499				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	12,569	181,382				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 1:19 pm			
					Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
			1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	190,735	152,950,980	0.001247	11,529,404	14,377	50.00		
51.00	05100	RECOVERY ROOM	17,635	36,214,406	0.000487	1,684,579	820	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,872	17,454,461	0.002857	21,449	61	52.00		
53.00	05300	ANESTHESIOLOGY	3,805	54,600,399	0.000070	3,444,304	241	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,034	56,781,191	0.002255	4,164,463	9,391	54.00		
56.00	05600	RADIOISOTOPE	12,153	10,674,538	0.001139	724,324	825	56.00		
56.01	03630	ULTRA SOUND	1,887	28,458,171	0.000066	1,190,746	79	56.01		
56.02	03440	MAMMOGRAPHY	28,746	26,762,059	0.001074	617	1	56.02		
57.00	05700	CT SCAN	15,061	147,340,457	0.000102	13,362,823	1,363	57.00		
58.00	05800	MRI	1,294	32,072,741	0.000040	1,898,659	76	58.00		
59.00	05900	CARDIAC CATHETERIZATION	25,878	43,457,031	0.000595	5,494,537	3,269	59.00		
59.01	05901	GASTRO INTESTINAL	45,753	45,253,463	0.001011	1,760,040	1,779	59.01		
60.00	06000	LABORATORY	119,148	117,805,171	0.001011	14,080,663	14,236	60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30		
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,576	3,013,530	0.002182	500,501	1,092	63.00		
65.00	06500	RESPIRATORY THERAPY	15,935	10,482,528	0.001520	2,078,877	3,160	65.00		
66.00	06600	PHYSICAL THERAPY	51,234	20,072,110	0.002552	1,772,508	4,523	66.00		
66.01	06601	TCU REHAB	8,431	0	0.000000	0	0	66.01		
67.00	06700	OCCUPATIONAL THERAPY	1,804	9,865,604	0.000183	1,430,646	262	67.00		
68.00	06800	SPEECH PATHOLOGY	8,594	2,928,179	0.002935	434,259	1,275	68.00		
69.00	06900	ELECTROCARDIOLOGY	2,145	34,321,157	0.000062	3,926,527	243	69.00		
69.01	06901	CARDIAC HEHAB	43,235	2,615,514	0.016530	0	0	69.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,265	27,492,254	0.000955	2,460,790	2,350	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,083	47,536,360	0.000233	6,048,072	1,409	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	55,465	203,917,984	0.000272	14,053,281	3,822	73.00		
74.00	07400	RENAL DIALYSIS	3,159	2,727,362	0.001158	732,287	848	74.00		
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98		
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99		
	OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	92,922	142,107,449	0.000654	9,914,926	6,484	91.00		
91.01	09101	FAMILY PRACTICES	83,376	2,055,860	0.040555	3,957	160	91.01		
91.02	09102	PSYCH DAY HOSPITAL	31,443	4,233,305	0.007428	0	0	91.02		
91.03	09103	WOUND CARE	708	1,951,145	0.000363	1,263	0	91.03		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	64,903	31,285,450	0.002075	3,209,280	6,659	92.00		
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99		
200.00		Total (lines 50 through 199)	1,147,279	1,316,430,859		105,923,782	78,805	200.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 1:19 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	47,474	0.00		8,633		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,876	0.00		1,003		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	6,769	0.00		1,513		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,145	0.00		1,420		41.00	
43.00	04300	NURSERY	0	0	1,992	0.00		0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	4,141	0.00		0		44.00	
200.00		Total (lines 30 through 199)	0	0	67,397			12,569		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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	152,950,980	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	36,214,406	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	17,454,461	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,600,399	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	56,781,191	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	10,674,538	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	28,458,171	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	26,762,059	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	147,340,457	0.000000	57.00
58.00	05800	MRI	0	0	0	32,072,741	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	43,457,031	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	45,253,463	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	117,805,171	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,013,530	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,482,528	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,072,110	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,865,604	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,928,179	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,321,157	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	2,615,514	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,492,254	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,536,360	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	203,917,984	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,727,362	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	142,107,449	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	2,055,860	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	4,233,305	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	1,951,145	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	31,285,450	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	1,316,430,859		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	11,529,404	0	12,408,010	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,684,579	0	3,625,350	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	21,449	0	9,841	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	3,444,304	0	5,625,710	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,164,463	0	6,366,496	0	54.00	
56.00	05600 RADIOISOTOPE	0.000000	724,324	0	1,198,160	0	56.00	
56.01	03630 ULTRA SOUND	0.000000	1,190,746	0	1,489,960	0	56.01	
56.02	03440 MAMMOGRAPHY	0.000000	617	0	609,654	0	56.02	
57.00	05700 CT SCAN	0.000000	13,362,823	0	13,482,183	0	57.00	
58.00	05800 MRI	0.000000	1,898,659	0	3,435,219	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,494,537	0	6,180,273	0	59.00	
59.01	05901 GASTRO INTESTINAL	0.000000	1,760,040	0	5,854,552	0	59.01	
60.00	06000 LABORATORY	0.000000	14,080,663	0	5,613,124	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	500,501	0	62,348	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,078,877	0	172,102	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,772,508	0	15,696	0	66.00	
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,430,646	0	4,946	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	434,259	0	82,736	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,926,527	0	2,571,673	0	69.00	
69.01	06901 CARDIAC REHAB	0.000000	0	0	702,106	0	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,460,790	0	2,872,217	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,048,072	0	3,863,857	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	14,053,281	0	41,394,185	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	732,287	0	64,691	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	9,914,926	0	7,380,626	0	91.00	
91.01	09101 FAMILY PRACTICES	0.000000	3,957	0	760,560	0	91.01	
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	0	0	91.02	
91.03	09103 WOUND CARE	0.000000	1,263	0	404,575	0	91.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,209,280	0	2,122,537	0	92.00	
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00	Total (lines 50 through 199)		105,923,782	0	128,373,387	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.106496	12,408,010	0	0	1,321,403	50.00
51.00	05100	RECOVERY ROOM		0.032847	3,625,350	0	0	119,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.277456	9,841	0	0	2,730	52.00
53.00	05300	ANESTHESIOLOGY		0.025600	5,625,710	0	0	144,018	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.114920	6,366,496	0	0	731,638	54.00
56.00	05600	RADIOISOTOPE		0.052274	1,198,160	0	0	62,633	56.00
56.01	03630	ULTRA SOUND		0.040119	1,489,960	0	0	59,776	56.01
56.02	03440	MAMMOGRAPHY		0.062835	609,654	0	0	38,308	56.02
57.00	05700	CT SCAN		0.009391	13,482,183	0	0	126,611	57.00
58.00	05800	MRI		0.018741	3,435,219	0	0	64,379	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.060087	6,180,273	0	0	371,354	59.00
59.01	05901	GASTRO INTESTINAL		0.070775	5,854,552	0	0	414,356	59.01
60.00	06000	LABORATORY		0.081912	5,613,124	2,688	0	459,782	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.105941	62,348	0	0	6,605	63.00
65.00	06500	RESPIRATORY THERAPY		0.281733	172,102	0	0	48,487	65.00
66.00	06600	PHYSICAL THERAPY		0.170150	15,696	0	0	2,671	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.134575	4,946	0	0	666	67.00
68.00	06800	SPEECH PATHOLOGY		0.264385	82,736	0	0	21,874	68.00
69.00	06900	ELECTROCARDIOLOGY		0.036326	2,571,673	0	1	93,419	69.00
69.01	06901	CARDIAC HEHAB		0.218118	702,106	0	0	153,142	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.380433	2,872,217	0	0	1,092,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.218385	3,863,857	0	0	843,808	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.132440	41,394,185	708	37,795	5,482,246	73.00
74.00	07400	RENAL DIALYSIS		0.521458	64,691	0	0	33,734	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.074057	7,380,626	0	129	546,587	91.00
91.01	09101	FAMILY PRACTICES		3.643613	760,560	0	202	2,771,186	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.161444	0	0	0	0	91.02
91.03	09103	WOUND CARE		0.273820	404,575	0	0	110,781	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.143388	2,122,537	0	0	304,346	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)			128,373,387	3,396	38,127	15,428,308	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			128,373,387	3,396	38,127	15,428,308	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
56.02	03440	MAMMOGRAPHY	0	0					56.02
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
59.01	05901	GASTRO INTESTINAL	0	0					59.01
60.00	06000	LABORATORY	220	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
66.01	06601	TCU REHAB	0	0					66.01
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
69.01	06901	CARDIAC HEHAB	0	0					69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94	5,006					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	10					91.00
91.01	09101	FAMILY PRACTICES	0	736					91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0					91.02
91.03	09103	WOUND CARE	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					93.99
200.00		Subtotal (see instructions)	314	5,752					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	314	5,752					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 1:19 pm	
				Component CCN: 14-S054			
				Title XVIII		Subprovider - IPF	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	190,735	152,950,980	0.001247	61	0 50.00
51.00	05100	RECOVERY ROOM	17,635	36,214,406	0.000487	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,872	17,454,461	0.002857	2	0 52.00
53.00	05300	ANESTHESIOLOGY	3,805	54,600,399	0.000070	27	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,034	56,781,191	0.002255	14,486	33 54.00
56.00	05600	RADIOISOTOPE	12,153	10,674,538	0.001139	0	0 56.00
56.01	03630	ULTRA SOUND	1,887	28,458,171	0.000066	5,227	0 56.01
56.02	03440	MAMMOGRAPHY	28,746	26,762,059	0.001074	3	0 56.02
57.00	05700	CT SCAN	15,061	147,340,457	0.000102	21,753	2 57.00
58.00	05800	MRI	1,294	32,072,741	0.000040	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	25,878	43,457,031	0.000595	1,416	1 59.00
59.01	05901	GASTRO INTESTINAL	45,753	45,253,463	0.001011	6	0 59.01
60.00	06000	LABORATORY	119,148	117,805,171	0.001011	391,988	396 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,576	3,013,530	0.002182	7,503	16 63.00
65.00	06500	RESPIRATORY THERAPY	15,935	10,482,528	0.001520	51,224	78 65.00
66.00	06600	PHYSICAL THERAPY	51,234	20,072,110	0.002552	26,547	68 66.00
66.01	06601	TCU REHAB	8,431	0	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	1,804	9,865,604	0.000183	8,910	2 67.00
68.00	06800	SPEECH PATHOLOGY	8,594	2,928,179	0.002935	606	2 68.00
69.00	06900	ELECTROCARDIOLOGY	2,145	34,321,157	0.000062	70,622	4 69.00
69.01	06901	CARDIAC HEHAB	43,235	2,615,514	0.016530	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,265	27,492,254	0.000955	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,083	47,536,360	0.000233	3,655	1 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,465	203,917,984	0.000272	205,542	56 73.00
74.00	07400	RENAL DIALYSIS	3,159	2,727,362	0.001158	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	92,922	142,107,449	0.000654	411,540	269 91.00
91.01	09101	FAMILY PRACTICES	83,376	2,055,860	0.040555	79	3 91.01
91.02	09102	PSYCH DAY HOSPITAL	31,443	4,233,305	0.007428	0	0 91.02
91.03	09103	WOUND CARE	708	1,951,145	0.000363	29	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	31,285,450	0.000000	0	0 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0 93.99
200.00		Total (lines 50 through 199)	1,082,376	1,316,430,859		1,221,226	931 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL		0	0	0	0	0	59.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB		0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB		0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	0	0	91.02
91.03	09103	WOUND CARE		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-S054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	152,950,980	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	36,214,406	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	17,454,461	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	54,600,399	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	56,781,191	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	10,674,538	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	28,458,171	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	26,762,059	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	147,340,457	0.000000	57.00
58.00	05800	MRI		0	0	0	32,072,741	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	43,457,031	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	45,253,463	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	117,805,171	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	3,013,530	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,482,528	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,072,110	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,865,604	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,928,179	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	34,321,157	0.000000	69.00
69.01	06901	CARDIAC HEHAB		0	0	0	2,615,514	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	27,492,254	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	47,536,360	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	203,917,984	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,727,362	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	142,107,449	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	2,055,860	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	4,233,305	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	1,951,145	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	31,285,450	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	1,316,430,859		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	61	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	2	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	27	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	14,486	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	5,227	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	3	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	21,753	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	1,416	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	6	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	391,988	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	7,503	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	51,224	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	26,547	0	0	0	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	8,910	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	606	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	70,622	0	5,994	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	3,655	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	205,542	0	818	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	411,540	0	3	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	79	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	0	0	4,471	0	91.02
91.03	09103	WOUND CARE		0.000000	29	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			1,221,226	0	11,286	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-S054

From 07/01/2020

Part V

To 06/30/2021

Date/Time Prepared:

11/30/2021 1:19 pm

Title XVIII

Subprovider -

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	0.106496	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.032847	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277456	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.025600	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114920	0	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0.052274	0	0	0	0 56.00
56.01	03630 ULTRA SOUND	0.040119	0	0	0	0 56.01
56.02	03440 MAMMOGRAPHY	0.062835	0	0	0	0 56.02
57.00	05700 CT SCAN	0.009391	0	0	0	0 57.00
58.00	05800 MRI	0.018741	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.060087	0	0	0	0 59.00
59.01	05901 GASTRO INTESTINAL	0.070775	0	0	0	0 59.01
60.00	06000 LABORATORY	0.081912	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.105941	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.281733	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.170150	0	0	0	0 66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.134575	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.264385	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.036326	5,994	0	0	218 69.00
69.01	06901 CARDIAC HEHAB	0.218118	0	0	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380433	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218385	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132440	818	0	0	108 73.00
74.00	07400 RENAL DIALYSIS	0.521458	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.074057	3	0	0	0 91.00
91.01	09101 FAMILY PRACTICES	3.643613	0	0	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	0.161444	4,471	0	0	722 91.02
91.03	09103 WOUND CARE	0.273820	0	0	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.143388	0	0	0	0 92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0 93.99
200.00	Subtotal (see instructions)		11,286	0	0	1,048 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		11,286	0	0	1,048 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 1:19 pm		
			Title XVIII		Subprovider - IPF		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
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
56.02	03440	MAMMOGRAPHY	0	0					56.02
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
59.01	05901	GASTRO INTESTINAL	0	0					59.01
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
66.01	06601	TCU REHAB	0	0					66.01
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
69.01	06901	CARDIAC HEHAB	0	0					69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	FAMILY PRACTICES	0	0					91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0					91.02
91.03	09103	WOUND CARE	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					93.99
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 1:19 pm		
				Component CCN: 14-T054				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	190,735	152,950,980	0.001247	13,036	16	50.00
51.00	05100	RECOVERY ROOM	17,635	36,214,406	0.000487	6,738	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,872	17,454,461	0.002857	29	0	52.00
53.00	05300	ANESTHESIOLOGY	3,805	54,600,399	0.000070	9,552	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,034	56,781,191	0.002255	13,904	31	54.00
56.00	05600	RADIOISOTOPE	12,153	10,674,538	0.001139	0	0	56.00
56.01	03630	ULTRA SOUND	1,887	28,458,171	0.000066	2,640	0	56.01
56.02	03440	MAMMOGRAPHY	28,746	26,762,059	0.001074	3	0	56.02
57.00	05700	CT SCAN	15,061	147,340,457	0.000102	42,307	4	57.00
58.00	05800	MRI	1,294	32,072,741	0.000040	4,456	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,878	43,457,031	0.000595	3,753	2	59.00
59.01	05901	GASTRO INTESTINAL	45,753	45,253,463	0.001011	14,068	14	59.01
60.00	06000	LABORATORY	119,148	117,805,171	0.001011	165,425	167	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,576	3,013,530	0.002182	3,325	7	63.00
65.00	06500	RESPIRATORY THERAPY	15,935	10,482,528	0.001520	93,728	142	65.00
66.00	06600	PHYSICAL THERAPY	51,234	20,072,110	0.002552	1,200,737	3,064	66.00
66.01	06601	TCU REHAB	8,431	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,804	9,865,604	0.000183	1,154,897	211	67.00
68.00	06800	SPEECH PATHOLOGY	8,594	2,928,179	0.002935	374,892	1,100	68.00
69.00	06900	ELECTROCARDIOLOGY	2,145	34,321,157	0.000062	11,945	1	69.00
69.01	06901	CARDIAC HEHAB	43,235	2,615,514	0.016530	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,265	27,492,254	0.000955	12,066	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,083	47,536,360	0.000233	1,340	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,465	203,917,984	0.000272	217,439	59	73.00
74.00	07400	RENAL DIALYSIS	3,159	2,727,362	0.001158	58,087	67	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	92,922	142,107,449	0.000654	6,206	4	91.00
91.01	09101	FAMILY PRACTICES	83,376	2,055,860	0.040555	3	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	31,443	4,233,305	0.007428	0	0	91.02
91.03	09103	WOUND CARE	708	1,951,145	0.000363	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	31,285,450	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	1,082,376	1,316,430,859		3,410,576	4,905	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL		0	0	0	0	0	59.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB		0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB		0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	0	0	91.02
91.03	09103	WOUND CARE		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-T054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	152,950,980	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	36,214,406	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	17,454,461	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,600,399	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	56,781,191	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	10,674,538	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	28,458,171	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	26,762,059	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	147,340,457	0.000000	57.00
58.00	05800	MRI	0	0	0	32,072,741	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	43,457,031	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	45,253,463	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	117,805,171	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,013,530	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,482,528	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,072,110	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,865,604	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,928,179	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,321,157	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	2,615,514	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,492,254	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,536,360	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	203,917,984	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,727,362	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	142,107,449	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	2,055,860	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	4,233,305	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	1,951,145	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	31,285,450	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	1,316,430,859		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	13,036	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	6,738	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	29	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	9,552	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	13,904	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	2,640	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	3	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	42,307	0	0	0	57.00
58.00	05800	MRI		0.000000	4,456	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	3,753	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	14,068	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	165,425	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	3,325	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	93,728	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,200,737	0	0	0	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,154,897	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	374,892	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	11,945	0	0	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	12,066	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,340	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	217,439	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	58,087	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	6,206	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	3	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	0	0	0	0	91.02
91.03	09103	WOUND CARE		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			3,410,576	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

			Title XIX		Hospital	Cost	
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	631,009	0	631,009	47,474	13.29	30.00
31.00	INTENSIVE CARE UNIT	60,772		60,772	3,876	15.68	31.00
40.00	SUBPROVIDER - IPF	100,295	0	100,295	6,769	14.82	40.00
41.00	SUBPROVIDER - IRF	63,133	0	63,133	3,145	20.07	41.00
43.00	NURSERY	23,460		23,460	1,992	11.78	43.00
44.00	SKILLED NURSING FACILITY	51,443		51,443	4,141	12.42	44.00
200.00	Total (lines 30 through 199)	930,112		930,112	67,397		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	3,889	51,685				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	133	2,669				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	214	2,658				44.00
200.00	Total (lines 30 through 199)	4,236	57,012				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	190,735	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	17,635	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,872	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	3,805	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,034	0	0.000000	0	54.00
56.00	05600	RADIOISOTOPE	12,153	0	0.000000	0	56.00
56.01	03630	ULTRA SOUND	1,887	0	0.000000	0	56.01
56.02	03440	MAMMOGRAPHY	28,746	0	0.000000	0	56.02
57.00	05700	CT SCAN	15,061	0	0.000000	0	57.00
58.00	05800	MRI	1,294	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,878	0	0.000000	0	59.00
59.01	05901	GASTRO INTESTINAL	45,753	0	0.000000	0	59.01
60.00	06000	LABORATORY	119,148	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,576	0	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,935	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	51,234	0	0.000000	0	66.00
66.01	06601	TCU REHAB	8,431	0	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,804	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,594	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,145	0	0.000000	0	69.00
69.01	06901	CARDIAC HEHAB	43,235	0	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,265	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,083	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,465	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	3,159	0	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	92,922	0	0.000000	0	91.00
91.01	09101	FAMILY PRACTICES	83,376	0	0.000000	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	31,443	0	0.000000	0	91.02
91.03	09103	WOUND CARE	708	0	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	93.99
200.00		Total (lines 50 through 199)	1,082,376	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 1:19 pm		
					Title XIX		Hospital		Cost		
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		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	47,474	0.00	3,889		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,876	0.00	0		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	6,769	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,145	0.00	133		41.00		
43.00	04300	NURSERY	0	0	1,992	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	4,141	0.00	214		44.00		
200.00		Total (lines 30 through 199)	0	0	67,397	0.00	4,236		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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Title XIX		Hospital		Cost	
			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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description			Title XIX		Hospital		Cost	
			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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 1:19 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0.000000	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0.000000	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0.000000	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0.000000	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0.000000	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0.000000	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:

11/30/2021 1:19 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,474	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	42,591	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)	8,633	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)	43,614,044	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)	43,614,044	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)	43,614,044	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)	918.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,931,051	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)	7,931,051	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 1:19 pm

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	7,756,358	3,876	2,001.12	1,003	2,007,123
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)					10,810,614
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,748,788
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					130,460
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,805
52.00	Total Program excludable cost (sum of lines 50 and 51)					209,265
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,539,523
	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)					4,883
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					918.69
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,485,963

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 1:19 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	631,009	43,614,044	0.014468	4,485,963	64,903	90.00
91.00 Nursing School cost	0	43,614,044	0.000000	4,485,963	0	91.00
92.00 Allied health cost	0	43,614,044	0.000000	4,485,963	0	92.00
93.00 All other Medical Education	0	43,614,044	0.000000	4,485,963	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,769	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,769	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)		6,769	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,513	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)		5,447,237	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)		5,447,237	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)		5,447,237	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)		804.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,217,556	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,217,556	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					116,741	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,334,297	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)					22,423	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					931	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					23,354	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,310,943	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

Period:

Worksheet D-1

Component CCN: 14-S054

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 1:19 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	100,295	5,447,237	0.018412	0	0	90.00
91.00	Nursing School cost	0	5,447,237	0.000000	0	0	91.00
92.00	Allied health cost	0	5,447,237	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,447,237	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,145	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)		3,145	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,420	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)		2,806,282	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)		2,806,282	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)		2,806,282	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)		892.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,267,066	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,267,066	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					569,294
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,836,360
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					28,499
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,905
52.00 Total Program excludable cost (sum of lines 50 and 51)					33,404
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,802,956
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	63,133	2,806,282	0.022497	0	0	90.00
91.00	Nursing School cost	0	2,806,282	0.000000	0	0	91.00
92.00	Allied health cost	0	2,806,282	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,806,282	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,141	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,141	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,399,033	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,399,033	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,399,033	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: 14-0054 Component CCN: 14-5848	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 1:19 pm	
				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	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
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)						3,399,033 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						820.82 71.00
72.00	Program routine service cost (line 9 x line 71)						0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						0 83.00
84.00	Program inpatient ancillary services (see instructions)						0 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						0 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054
Component CCN: 14-5848

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

Worksheet D-1
Date/Time Prepared:
11/30/2021 1:19 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing 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: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 1:19 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		34,278,772	30.00
31.00	03100	INTENSIVE CARE UNIT		5,598,713	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,257	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106496	11,529,404	50.00
51.00	05100	RECOVERY ROOM	0.032847	1,684,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277456	21,449	52.00
53.00	05300	ANESTHESIOLOGY	0.025600	3,444,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114920	4,164,463	54.00
56.00	05600	RADIOISOTOPE	0.052274	724,324	56.00
56.01	03630	ULTRA SOUND	0.040119	1,190,746	56.01
56.02	03440	MAMMOGRAPHY	0.062835	617	56.02
57.00	05700	CT SCAN	0.009391	13,362,823	57.00
58.00	05800	MRI	0.018741	1,898,659	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060154	5,494,537	59.00
59.01	05901	GASTRO INTESTINAL	0.070775	1,760,040	59.01
60.00	06000	LABORATORY	0.081912	14,080,663	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.105941	500,501	63.00
65.00	06500	RESPIRATORY THERAPY	0.281733	2,078,877	65.00
66.00	06600	PHYSICAL THERAPY	0.170150	1,772,508	66.00
66.01	06601	TCU REHAB	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.134575	1,430,646	67.00
68.00	06800	SPEECH PATHOLOGY	0.264385	434,259	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036326	3,926,527	69.00
69.01	06901	CARDIAC HEHAB	0.218118	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380433	2,460,790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.218385	6,048,072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132440	14,053,281	73.00
74.00	07400	RENAL DIALYSIS	0.521458	732,287	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.074057	9,914,926	91.00
91.01	09101	FAMILY PRACTICES	3.643613	3,957	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.161444	0	91.02
91.03	09103	WOUND CARE	0.273820	1,263	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.143388	3,209,280	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		105,923,782	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)		105,923,782	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3
			Component CCN: 14-S054		Date/Time Prepared: 11/30/2021 1:19 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF		3,235,672	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106496	61	50.00
51.00	05100	RECOVERY ROOM	0.032847	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277456	2	52.00
53.00	05300	ANESTHESIOLOGY	0.025600	27	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114920	14,486	54.00
56.00	05600	RADIOISOTOPE	0.052274	0	56.00
56.01	03630	ULTRA SOUND	0.040119	5,227	56.01
56.02	03440	MAMMOGRAPHY	0.062835	3	56.02
57.00	05700	CT SCAN	0.009391	21,753	57.00
58.00	05800	MRI	0.018741	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060154	1,416	59.00
59.01	05901	GASTRO INTESTINAL	0.070775	6	59.01
60.00	06000	LABORATORY	0.081912	391,988	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.105941	7,503	63.00
65.00	06500	RESPIRATORY THERAPY	0.281733	51,224	65.00
66.00	06600	PHYSICAL THERAPY	0.170150	26,547	66.00
66.01	06601	TCU REHAB	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.134575	8,910	67.00
68.00	06800	SPEECH PATHOLOGY	0.264385	606	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036326	70,622	69.00
69.01	06901	CARDIAC HEHAB	0.218118	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380433	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.218385	3,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132440	205,542	73.00
74.00	07400	RENAL DIALYSIS	0.521458	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.074057	411,540	91.00
91.01	09101	FAMILY PRACTICES	3.643613	79	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.161444	0	91.02
91.03	09103	WOUND CARE	0.273820	29	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.143388	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,221,226	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)		1,221,226	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		4,396,336		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.106496	13,036	1,388	50.00
51.00	05100 RECOVERY ROOM	0.032847	6,738	221	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277456	29	8	52.00
53.00	05300 ANESTHESIOLOGY	0.025600	9,552	245	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114920	13,904	1,598	54.00
56.00	05600 RADIOISOTOPE	0.052274	0	0	56.00
56.01	03630 ULTRA SOUND	0.040119	2,640	106	56.01
56.02	03440 MAMMOGRAPHY	0.062835	3	0	56.02
57.00	05700 CT SCAN	0.009391	42,307	397	57.00
58.00	05800 MRI	0.018741	4,456	84	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.060154	3,753	226	59.00
59.01	05901 GASTRO INTESTINAL	0.070775	14,068	996	59.01
60.00	06000 LABORATORY	0.081912	165,425	13,550	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.105941	3,325	352	63.00
65.00	06500 RESPIRATORY THERAPY	0.281733	93,728	26,406	65.00
66.00	06600 PHYSICAL THERAPY	0.170150	1,200,737	204,305	66.00
66.01	06601 TCU REHAB	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.134575	1,154,897	155,420	67.00
68.00	06800 SPEECH PATHOLOGY	0.264385	374,892	99,116	68.00
69.00	06900 ELECTROCARDIOLOGY	0.036326	11,945	434	69.00
69.01	06901 CARDIAC HEHAB	0.218118	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380433	12,066	4,590	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218385	1,340	293	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132440	217,439	28,798	73.00
74.00	07400 RENAL DIALYSIS	0.521458	58,087	30,290	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.074057	6,206	460	91.00
91.01	09101 FAMILY PRACTICES	3.643613	3	11	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.161444	0	0	91.02
91.03	09103 WOUND CARE	0.273820	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.143388	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,410,576	569,294	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)		3,410,576		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,280,621	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,717,892	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)		23,061	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		98,642	2.04
3.00	Managed Care Simulated Payments		19,003,987	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		252.62	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)		78.16	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		22.87	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)		0.32	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)		101.35	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		102.31	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.22	11.00
12.00	Current year allowable FTE (see instructions)		101.57	12.00
13.00	Total allowable FTE count for the prior year.		101.29	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.		101.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.		101.44	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		101.44	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.401552	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.407655	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.401552	21.00
22.00	IME payment adjustment (see instructions)		4,350,954	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,758,685	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)		0.96	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)		4,350,954	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,758,685	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		37.92	31.00
32.00	Sum of lines 30 and 31		43.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.47	33.00
34.00	Disproportionate share adjustment (see instructions)		1,400,756	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
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)	2,025,536	2,232,467		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	509,151	1,669,763		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,178,914			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	30,050,840			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)		33,809,525		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,094,740		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).		3,841,124		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		159,066		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		39,904,455		59.00
60.00	Primary payer payments		2,755		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,901,700		61.00
62.00	Deductibles billed to program beneficiaries		2,243,628		62.00
63.00	Coinsurance billed to program beneficiaries		60,912		63.00
64.00	Allowable bad debts (see instructions)		457,441		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		297,337		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		449,809		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,894,497		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)		1,302		70.93
70.94	HRR adjustment amount (see instructions)		-149,947		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		37,745,852	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		38,084,997	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)		-339,145	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,100,526	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	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 1:19 pm

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,280,621	0	5,280,621		5,280,621	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,717,892	0		16,717,892	16,717,892	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	23,061	0	23,061		23,061	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	98,642	0		98,642	98,642	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	19,003,987	0	4,427,633	14,576,354	19,003,987	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.401552	0.401552	0.401552	0.401552		5.00	
6.00	IME payment adjustment (see instructions)	22.00	4,350,954	0	1,044,422	3,306,532	4,350,954	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,758,685	0	875,715	2,882,970	3,758,685	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,350,954	0	1,044,422	3,306,532	4,350,954	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,758,685	0	875,715	2,882,970	3,758,685	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2547	0.2547	0.2547	0.2547		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,400,756	0	336,244	1,064,512	1,400,756	11.00	
11.01	Uncompensated care payments	36.00	2,178,914	0	509,151	1,669,763	2,178,914	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	30,050,840	0	7,193,499	22,857,341	30,050,840	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,809,525	0	8,069,214	25,740,311	33,809,525	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,094,740	0	517,493	1,577,247	2,094,740	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 1:19 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	159,066	0	0	159,066	159,066	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	8,586,707	27,476,624	36,063,331	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	1,677,065	0	414,525	1,262,540	1,677,065	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	1,092	0	0	1,092	1,092	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	0.2484	0.2484	0.2484	0.2484		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	416,583	0	102,968	313,615	416,583	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,094,740	0	517,493	1,577,247	2,094,740	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 1:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,280,621	5,280,621		5,280,621	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,717,892		16,717,892	16,717,892	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	23,061	23,061		23,061	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	98,642		98,642	98,642	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,003,987	4,427,633	14,576,354	19,003,987	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.401552	0.401552	0.401552		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,350,954	1,044,422	3,306,532	4,350,954	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,758,685	875,715	2,882,970	3,758,685	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	4,350,954	1,044,422	3,306,532	4,350,954	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,758,685	875,715	2,882,970	3,758,685	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2547	0.2547	0.2547		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,400,756	336,244	1,064,512	1,400,756	11.00
11.01	Uncompensated care payments	36.00	2,178,914	509,151	1,669,763	2,178,914	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	30,050,840	7,193,499	22,857,341	30,050,840	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	33,809,525	8,069,214	25,740,311	33,809,525	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,094,740	517,493	1,577,247	2,094,740	16.00
17.00	Special add-on payments for new technologies	54.00	159,066	0	159,066	159,066	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			8,586,707	27,476,624	36,063,331	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 1:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,677,065	414,525	1,262,540	1,677,065	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	1,092	0	1,092	1,092	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	0.2484	0.2484	0.2484		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	416,583	102,968	313,615	416,583	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,094,740	517,493	1,577,247	2,094,740	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	1,302	-13,043	14,345	1,302	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	-149,947	-46,997	-102,950	-149,947	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: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,066	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,428,308	2.00
3.00	OPPS payments		11,877,562	3.00
4.00	Outlier payment (see instructions)		21,030	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)		6,066	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		41,523	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)		41,523	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)		41,523	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,457	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)		6,066	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)		11,898,592	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,096,647	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)		9,808,011	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,478,769	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)		12,286,780	30.00
31.00	Primary payer payments		1,395	31.00
32.00	Subtotal (line 30 minus line 31)		12,285,385	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)		196,189	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		127,523	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		192,793	36.00
37.00	Subtotal (see instructions)		12,412,908	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,412,908	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		12,191,697	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		221,211	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,048	2.00
3.00	OPPS payments		1,331	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,331	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		266	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)		1,065	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,065	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,065	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,065	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,065	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		1,065	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)		0	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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 1:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,084,997		12,418,767	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	03/16/2021	227,070	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		-227,070	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)		38,084,997		12,191,697	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		221,211	6.01	
6.02	SETTLEMENT TO PROGRAM		339,145		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,745,852		12,412,908	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: 14-0054 Component CCN: 14-S054		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,215,119		1,065	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)		1,215,119		1,065	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		44,846		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,259,965		1,065	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: 14-0054

Period:

Worksheet E-1

Component CCN: 14-T054

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 1:19 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,561,442		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)		2,561,442		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		79,633		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,641,075		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: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			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: 14-0054 Component CCN: 14-S054	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,414,048 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			18.545205 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,414,048 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,414,048 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,414,048 18.00
19.00	Deductibles			112,636 19.00
20.00	Subtotal (line 18 minus line 19)			1,301,412 20.00
21.00	Coinsurance			86,293 21.00
22.00	Subtotal (line 20 minus line 21)			1,215,119 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			68,994 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			44,846 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			68,994 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,259,965 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,259,965 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,215,119 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			44,846 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0054

Period:

Worksheet E-3

Component CCN: 14-T054

From 07/01/2020
To 06/30/2021Part III
Date/Time Prepared:
11/30/2021 1:19 pm

Title XVIII

Subprovider -
IRF

PPS

1.00

PART III - MEDICARE PART A SERVICES - IRF PPS

1.00	Net Federal PPS Payment (see instructions)	2,467,080	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0262	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	184,291	3.00
4.00	Outlier Payments	21,116	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	8.616438	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2,672,487	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)	0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,672,487	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,672,487	19.00
20.00	Deductibles	8,828	20.00
21.00	Subtotal (line 19 minus line 20)	2,663,659	21.00
22.00	Coinsurance	22,584	22.00
23.00	Subtotal (line 21 minus line 22)	2,641,075	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,641,075	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,641,075	32.00
32.01	Sequestration adjustment (see instructions)	0	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	2,561,442	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	79,633	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	21,116	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					62.07	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					36.88	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.32	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)					99.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					102.31	6.00
7.00	Enter the lesser of line 5 or line 6					99.27	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.	76.96	24.21	101.17		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.	74.67	23.49	98.16		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.22			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	74.67	23.71			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	75.73	22.75			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	76.21	21.68			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	75.54	22.71			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	75.54	22.71			17.00	
18.00	Per resident amount	166,288.24	166,288.24			18.00	
19.00	Approved amount for resident costs	12,561,414	3,776,406	16,337,820		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)			3.04		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)			16,337,820		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	12,569	9,796	0			26.00
27.00	Total Inpatient Days (see instructions)	56,786	56,786	56,786			27.00
28.00	Ratio of inpatient days to total inpatient days	0.221340	0.172507	0.000000			28.00
29.00	Program direct GME amount	3,616,213	2,818,388	0	6,434,601	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		114,708	0	114,708	30.00	
31.00	Net Program direct GME amount				6,319,893	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 1:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,727,362	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)			23,919,445	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)			2,755	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			23,916,690	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,435,422	42.00
43.00	Primary payer payments (see instructions)			1,395	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,434,027	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			39,350,717	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.607783	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.392217	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			6,319,893	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,841,124	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,478,769	50.00

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

Provider CCN: 14-0054

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

Worksheet G

Date/Time Prepared:
11/30/2021 1:19 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	38,065,297	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	309,896,109	0	0	0	4.00
5.00 Other receivable	1,128,865	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-267,726,016	0	0	0	6.00
7.00 Inventory	5,472,179	0	0	0	7.00
8.00 Prepaid expenses	239,946	0	0	0	8.00
9.00 Other current assets	480,739	0	0	0	9.00
10.00 Due from other funds	1,087,102,140	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	1,174,659,259	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	-105,600	0	0	0	15.00
16.00 Accumulated depreciation	-77,092	0	0	0	16.00
17.00 Leasehold improvements	12,204,538	0	0	0	17.00
18.00 Accumulated depreciation	-706,516	0	0	0	18.00
19.00 Fixed equipment	127,480	0	0	0	19.00
20.00 Accumulated depreciation	-395,230	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	62,662,604	0	0	0	23.00
24.00 Accumulated depreciation	-31,845,694	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)	41,864,490	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	156,316	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	138,779,416	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	138,935,732	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,355,459,481	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	978,171,247	0	0	0	37.00
38.00 Salaries, wages, and fees payable	9,819,314	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	394,359	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	25,660,072	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	29,632,776	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	1,043,677,768	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	316,275,526	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	316,275,526	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	1,359,953,294	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	61,959,841	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)	61,959,841	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,421,913,135	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0054

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 1:19 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-82,840,935		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		38,143,091				2.00
3.00	Total (sum of line 1 and line 2)		-44,697,844		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)		-44,697,844		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)		-44,697,844		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: 14-0054

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 1:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	142,459,576		142,459,576	1.00
2.00	SUBPROVIDER - IPF	15,103,596		15,103,596	2.00
3.00	SUBPROVIDER - IRF	9,751,706		9,751,706	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	4,535,761		4,535,761	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	171,850,639		171,850,639	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,585,669		22,585,669	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)	22,585,669		22,585,669	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	194,436,308		194,436,308	17.00
18.00	Ancillary services	395,517,774	739,279,877	1,134,797,651	18.00
19.00	Outpatient services	49,200,116	132,433,093	181,633,209	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	MISC OTHER INCOME	31,935,950	59,429,834	91,365,784	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	671,090,148	931,142,804	1,602,232,952	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		249,367,859		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)		249,367,859		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0054

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

Worksheet G-3

Date/Time Prepared:
11/30/2021 1:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,602,232,952	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,342,125,840	2.00
3.00	Net patient revenues (line 1 minus line 2)	260,107,112	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	249,367,859	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,739,253	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,475,537	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	360,795	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	16,373	21.00
22.00	Rental of hospital space	343,420	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER INCOME	3,363,090	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	9,559,215	25.00
26.00	Total (line 5 plus line 25)	20,298,468	26.00
27.00	NO OTHER EXPENSES	0	27.00
27.01	CARES ACT AWARD	-17,844,623	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	-17,844,623	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,143,091	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0054	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 1:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,677,065	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,092	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)		128.99	3.00
4.00	Number of interns & residents (see instructions)		101.44	4.00
5.00	Indirect medical education percentage (see instructions)		24.84	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)		416,583	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,094,740	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