

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: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/19/2021 3:32 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/19/2021	Time: 3:32 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 OAK PARK HOSPITAL (14-0063) 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) PATRICIA STEEVES O'NEIL

Officer or Administrator of Provider(s)

SENIOR VP, CFO, & TREASURER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	63,453	-73,236	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	14		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	63,453	-73,222	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: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 3:32 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 520 SOUTH MAPLE			PO Box:				1.00				
2.00	City: OAK PARK			State: IL		Zip Code: 60603		County: COOK				
		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			OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF			SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00			

Worksheet S-2
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

MCRIF32 - 16.12.172.5

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 3:32 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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
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							
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
			1.00	2.00	3.00			
			1.00	2.00	3.00			
70.00	Inpatient Psychiatric Facility PPS							
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00		
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00	
	Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00		
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 3:32 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 3:32 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
161.10	CORF			N		N		N	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/19/2021 3:32 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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		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	10/05/2021	Y 10/05/2021
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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/19/2021 3:32 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROSEMARIE	RAFALSKI		41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-947-2796	ROSEMARIE_RAFALSKI@RUSH.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/19/2021 3:32 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.	REIMBURSEMENT MANAGER		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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/19/2021 3:32 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	171	60,575	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)		171	60,575	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	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						13.00
14.00 Total (see instructions)		185	65,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	3,312		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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		185				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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,494	356	15,281			1.00
2.00	HMO and other (see instructions)	3,323	2,791				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,494	356	15,281			7.00
8.00	INTENSIVE CARE UNIT	1,151	352	2,800			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)	7,645	708	18,081	11.09	786.64	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	694	40	820	0.00	5.44	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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				11.09	792.08	27.00
28.00	Observation Bed Days		47	2,177			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,664	173	4,213	1.00
2.00 HMO and other (see instructions)			645	680		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,664	173	4,213	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/19/2021 3:32 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	66,786,218	0	66,786,218	1,652,063.51	40.43
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		730,593	0	730,593	10,320.18	70.79
4.00	Physician-Part A - Administrative		162,250	0	162,250	535.36	303.07
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		4,673,827	0	4,673,827	25,049.68	186.58
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		326,046	0	326,046	23,067.20	14.13
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	310,170	0	310,170	11,354.19	27.32
10.00	Excluded area salaries (see instructions)		9,211,608	0	9,211,608	156,629.78	58.81
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		772,928	0	772,928	10,327.57	74.84
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		111,193	0	111,193	912.73	121.82
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,325,308	0	9,325,308		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,472,051	0	1,472,051		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		104,117	0	104,117		
22.00	Physician Part A - Administrative		5,401	0	5,401		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		252,718	0	252,718		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/19/2021 3:32 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	732,809	0	732,809	16,704.94	43.87	26.00
27.00	Administrative & General	5.00	6,063,756	0	6,063,756	139,852.61	43.36	27.00
28.00	Administrative & General under contract (see inst.)		293,968	0	293,968	4,240.99	69.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,473,904	0	1,473,904	31,073.90	47.43	30.00
31.00	Laundry & Linen Service	8.00	86,248	0	86,248	5,233.85	16.48	31.00
32.00	Housekeeping	9.00	750,435	0	750,435	44,424.59	16.89	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	875,009	-573,166	301,843	17,119.54	17.63	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	573,166	573,166	32,508.09	17.63	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,581,146	0	1,581,146	38,274.54	41.31	38.00
39.00	Central Services and Supply	14.00	480,029	0	480,029	22,738.68	21.11	39.00
40.00	Pharmacy	15.00	1,485,225	0	1,485,225	31,709.32	46.84	40.00
41.00	Medical Records & Medical Records Library	16.00	618,137	0	618,137	25,053.69	24.67	41.00
42.00	Social Service	17.00	306,940	0	306,940	9,039.06	33.96	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/19/2021 3:32 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)	61,349,720	0	61,349,720	1,597,867.44	38.39	1.00
2.00	Excluded area salaries (see instructions)	9,521,778	0	9,521,778	167,983.97	56.68	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,827,942	0	51,827,942	1,429,883.47	36.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	884,121	0	884,121	11,240.30	78.66	4.00
5.00	Subtotal wage-related costs (see inst.)	9,330,709	0	9,330,709	0.00	18.00	5.00
6.00	Total (sum of lines 3 thru 5)	62,042,772	0	62,042,772	1,441,123.77	43.05	6.00
7.00	Total overhead cost (see instructions)	14,747,606	0	14,747,606	417,973.80	35.28	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/19/2021 3:32 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,063,965	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)	1,543,282	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)	2,834,382	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	312,875	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	498,817	14.00
15.00	'Workers' Compensation Insurance	154,646	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	4,444,916	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	136,346	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	170,366	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,159,595	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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/19/2021 3:32 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	772,928	11,159,595	1.00
2.00	Hospital	772,928	9,687,544	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	1,472,051	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-5

Date/Time Prepared:
11/19/2021 3:32 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-5

Date/Time Prepared:
11/19/2021 3:32 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/19/2021 3:32 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)			0.218929	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			14,457,528	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			1,944,026	5.00
6.00	Medicaid charges			114,565,992	6.00
7.00	Medicaid cost (line 1 times line 6)			25,081,818	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)			8,680,264	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)			8,680,264	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)	11,635,890	342,076	11,977,966	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,547,434	342,076	2,889,510	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,547,434	342,076	2,889,510	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)			8,116,496	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			881,163	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,355,635	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,760,861	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,954,621	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,844,131	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,524,395	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/19/2021 3:32 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,226,086	6,226,086	-3,040,991	3,185,095	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,754	5,754	3,641,667	3,647,421	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	732,809	11,951,685	12,684,494	-2,496	12,681,998	4.00
5.01	00540	NONPATIENT TELEPHONES	0	95,958	95,958	-300	95,658	5.01
5.02	00550	DATA PROCESSING	628,400	159,953	788,353	0	788,353	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	475,802	-158,349	317,453	-3,426	314,027	5.03
5.04	00570	ADMITTING	958,997	63,488	1,022,485	-540	1,021,945	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	4,000,557	16,342,794	20,343,351	-18,336	20,325,015	5.06
7.00	00700	OPERATION OF PLANT	1,473,904	9,427,552	10,901,456	-15,797	10,885,659	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,248	-36,278	49,970	0	49,970	8.00
9.00	00900	HOUSEKEEPING	750,435	1,650,729	2,401,164	-600	2,400,564	9.00
10.00	01000	DIETARY	875,009	738,980	1,613,989	-1,058,428	555,561	10.00
11.00	01100	CAFETERIA	0	0	0	1,057,228	1,057,228	11.00
13.00	01300	NURSING ADMINISTRATION	1,581,146	254,711	1,835,857	-1,860	1,833,997	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	480,029	938,462	1,418,491	-388,837	1,029,654	14.00
15.00	01500	PHARMACY	1,485,225	4,085,386	5,570,611	-3,843,829	1,726,782	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	618,137	204,410	822,547	-2,700	819,847	16.00
17.00	01700	SOCIAL SERVICE	306,940	11,901	318,841	-1,770	317,071	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	427,625	427,625	0	427,625	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,518,224	1,476,725	9,994,949	-52,435	9,942,514	30.00
31.00	03100	INTENSIVE CARE UNIT	3,100,415	710,461	3,810,876	-25,790	3,785,086	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	310,170	39,774	349,944	-7,150	342,794	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,505,509	11,263,447	14,768,956	-9,808,868	4,960,088	50.00
50.01	05001	ENDOSCOPY	832,507	551,619	1,384,126	-400,314	983,812	50.01
51.00	05100	RECOVERY ROOM	1,101,166	78,633	1,179,799	0	1,179,799	51.00
53.00	05300	ANESTHESIOLOGY	730,593	692,163	1,422,756	0	1,422,756	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,909,134	1,724,251	5,633,385	-1,079,229	4,554,156	54.00
56.00	05600	RADIOISOTOPE	751,800	469,552	1,221,352	-167,296	1,054,056	56.00
56.01	05602	ULTRASOUND/VASC LAB	680,575	22,386	702,961	0	702,961	56.01
57.00	05700	CT SCAN	775,806	218,047	993,853	0	993,853	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	2,162,326	2,817,106	4,979,432	-48,281	4,931,151	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	106,350	380,389	486,739	0	486,739	62.00
65.00	06500	RESPIRATORY THERAPY	1,180,236	269,004	1,449,240	-39,755	1,409,485	65.00
66.00	06600	PHYSICAL THERAPY	1,071,174	34,892	1,106,066	-900	1,105,166	66.00
67.00	06700	OCCUPATIONAL THERAPY	479,569	6,463	486,032	0	486,032	67.00
68.00	06800	SPEECH PATHOLOGY	134,433	1,427	135,860	0	135,860	68.00
69.00	06900	ELECTROCARDIOLOGY	525,705	46,184	571,889	-16,840	555,049	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,098	11,339	107,437	0	107,437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,513,766	5,513,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,260,302	6,260,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,624,389	3,624,389	73.00
74.00	07400	RENAL DIALYSIS	0	377,312	377,312	0	377,312	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,718,137	680,594	2,398,731	-2,010	2,396,721	90.00
90.01	09001	WOUND CARE	478,838	315,927	794,765	-82,376	712,389	90.01
90.02	09002	PULMONARY REHAB	268,936	2,929	271,865	0	271,865	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	-16,000	-16,000	16,000	0	90.04
91.00	09100	EMERGENCY	10,683,271	1,028,639	11,711,910	-2,198	11,709,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,574,610	75,594,110	133,168,720	0	133,168,720	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,211,608	6,421,439	15,633,047	0	15,633,047	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/19/2021 3:32 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	
200.00 TOTAL (SUM OF LINES 118 through 199)	66,786,218	82,015,549	148,801,767	0	148,801,767	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,887,955	1,297,140	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,647,421	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,681,998	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	-23,280	5.01
5.02	00550	DATA PROCESSING	-350	788,003	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	314,027	5.03
5.04	00570	ADMITTING	0	1,021,945	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	-5,711,244	14,613,771	5.06
7.00	00700	OPERATION OF PLANT	-21,751	10,863,908	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	49,970	8.00
9.00	00900	HOUSEKEEPING	0	2,400,564	9.00
10.00	01000	DIETARY	0	555,561	10.00
11.00	01100	CAFETERIA	-128,049	929,179	11.00
13.00	01300	NURSING ADMINISTRATION	-5,571	1,828,426	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-66,528	963,126	14.00
15.00	01500	PHARMACY	0	1,726,782	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	819,847	16.00
17.00	01700	SOCIAL SERVICE	0	317,071	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	427,625	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	9,942,514	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,000	3,783,086	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	342,794	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,002	4,958,086	50.00
50.01	05001	ENDOSCOPY	0	983,812	50.01
51.00	05100	RECOVERY ROOM	0	1,179,799	51.00
53.00	05300	ANESTHESIOLOGY	0	1,422,756	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,666	4,544,490	54.00
56.00	05600	RADIOISOTOPE	-114,854	939,202	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	702,961	56.01
57.00	05700	CT SCAN	0	993,853	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-51,931	4,879,220	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-916	485,823	62.00
65.00	06500	RESPIRATORY THERAPY	-5,800	1,403,685	65.00
66.00	06600	PHYSICAL THERAPY	0	1,105,166	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	486,032	67.00
68.00	06800	SPEECH PATHOLOGY	0	135,860	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,128	553,921	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	107,437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,513,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,260,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,624,389	73.00
74.00	07400	RENAL DIALYSIS	0	377,312	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-470,686	1,926,035	90.00
90.01	09001	WOUND CARE	-611	711,778	90.01
90.02	09002	PULMONARY REHAB	69	271,934	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	-4,313,940	7,395,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,913,851	120,254,869	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	15,633,047	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,913,851	135,887,916	200.00

RECLASSIFICATIONS

Provider CCN: 14-0063

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

Worksheet A-6

Date/Time Prepared:
11/19/2021 3:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	387,997		1.00
	0		0	387,997		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	573,166	484,062		1.00
	0		573,166	484,062		
	C - RENTALS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	600,676		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	0		0	600,676		
	D - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,040,991		1.00
	0		0	3,040,991		
	E - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,624,389		1.00
	0		0	3,624,389		
	F - HEART CENTER RECLASS					
1.00	RUSH HEART CENTER	90.04	0	16,000		1.00
	0		0	16,000		
	G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,260,302		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
	0		0	6,260,302		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,125,769		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
	0		0	5,125,769		
500.00	Grand Total: Increases		573,166	19,540,186		500.00

RECLASSIFICATIONS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/19/2021 3:32 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CHARGEABLE MED SUPPLIES						1.00
	CENTRAL SERVICES & SUPPLY	14.00	0	387,997	0		
	0		0	387,997			
1.00	B - CAFETERIA						1.00
	DIETARY	10.00	573,166	484,062	0		
	0		573,166	484,062			
1.00	C - RENTALS						1.00
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,496	10		
	NONPATIENT TELEPHONES	5.01	0	300	0		
3.00	PURCHASING RECEIVING AND STORES	5.03	0	3,426	0	3.00	
4.00	ADMITTING	5.04	0	540	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.06	0	18,336	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	15,797	0	6.00	
7.00	HOUSEKEEPING	9.00	0	600	0	7.00	
8.00	DIETARY	10.00	0	1,200	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	1,860	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	840	0	10.00	
11.00	PHARMACY	15.00	0	219,440	0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,700	0	12.00	
13.00	SOCIAL SERVICE	17.00	0	1,770	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	52,435	0	14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	25,790	0	15.00	
16.00	SKILLED NURSING FACILITY	44.00	0	7,150	0	16.00	
17.00	ENDOSCOPY	50.01	0	86,175	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,920	0	18.00	
19.00	LABORATORY	60.00	0	48,281	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	16,818	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	900	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	840	0	22.00	
23.00	CLINIC	90.00	0	2,010	0	23.00	
24.00	WOUND CARE	90.01	0	1,320	0	24.00	
25.00	EMERGENCY	91.00	0	2,082	0	25.00	
26.00	OPERATING ROOM	50.00	0	85,650	0	26.00	
	0		0	600,676			
1.00	D - EQUIPMENT DEPRECIATION						1.00
	CAP REL COSTS-BLDG & FIXT	1.00	0	3,040,991	9		
	0		0	3,040,991			
1.00	E - DRUGS SOLD						1.00
	PHARMACY	15.00	0	3,624,389	0		
	0		0	3,624,389			
1.00	F - HEART CENTER RECLASS						1.00
	ELECTROCARDIOLOGY	69.00	0	16,000	0		
	0		0	16,000			
1.00	G - IMPLANTS						1.00
	OPERATING ROOM	50.00	0	5,721,453	0		
	ENDOSCOPY	50.01	0	3,033	0		
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	356,128	0	3.00	
4.00	RADIOISOTOPE	56.00	0	98,519	0	4.00	
5.00	WOUND CARE	90.01	0	81,056	0	5.00	
6.00	EMERGENCY	91.00	0	113	0	6.00	
	0		0	6,260,302			
1.00	H - MEDICAL SUPPLIES						1.00
	OPERATING ROOM	50.00	0	4,001,765	0		
	ENDOSCOPY	50.01	0	311,106	0		
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	721,181	0	3.00	
4.00	RADIOISOTOPE	56.00	0	68,777	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	22,937	0	5.00	
6.00	EMERGENCY	91.00	0	3	0	6.00	
	0		0	5,125,769			
500.00	Grand Total: Decreases		573,166	19,540,186		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	11,335,216	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	77,221,482	2,284,593	0	2,284,593	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	44,283,411	2,176,333	0	2,176,333	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	132,840,109	4,460,926	0	4,460,926	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	132,840,109	4,460,926	0	4,460,926	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	11,335,216	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	79,506,075	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	46,459,744	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	137,301,035	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	137,301,035	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/19/2021 3:32 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	6,169,079	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,754	0	2.00
3.00	Total (sum of lines 1-2)	6,169,079	0	0	5,754	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	57,007	6,226,086				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,754				2.00
3.00	Total (sum of lines 1-2)	57,007	6,231,840				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/19/2021 3:32 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	90,841,291	0	90,841,291	0.661621	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,459,744	0	46,459,744	0.338379	0	2.00
3.00	Total (sum of lines 1-2)	137,301,035	0	137,301,035	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	1,240,133	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,040,991	600,676	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,281,124	600,676	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	57,007	1,297,140	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,754	0	0	3,647,421	2.00
3.00	Total (sum of lines 1-2)	0	5,754	0	57,007	4,944,561	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/19/2021 3:32 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)	A	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,062	OTHER ADMIN & GENERAL	5.06	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,800,033			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-128,049	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,887,955	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER MISC	B	-164,780	OTHER ADMIN & GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/19/2021 3:32 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 PHYSICIAN RECRUTING	B	-82,550	OTHER ADMIN & GENERAL	5.06	0	33.01
33.02 INFO CENTER	B	36,242	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03 INTEREST INCOME	B	-64,331	OTHER ADMIN & GENERAL	5.06	0	33.03
33.04 PULMONARY REHAB PROGRAM REVENUE	B	69	PULMONARY REHAB	90.02	0	33.04
33.05 NSGO REVENUE	B	-5,571	NURSING ADMINISTRATION	13.00	0	33.05
33.06 BREAST CENTER CLIENT REVENUE	B	-114,854	RADIOISOTOPE	56.00	0	33.06
33.07 LAB CLIENT REVENUE	B	-51,931	LABORATORY	60.00	0	33.07
33.08 BLOOD BANK CLIENT REVENUE	B	-916	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.08
33.09 OTHER OPERATING INCOME	B	-42,416	OTHER ADMIN & GENERAL	5.06	0	33.09
33.10 CPD REVENUE	B	-66,528	CENTRAL SERVICES & SUPPLY	14.00	0	33.10
33.11 GAIN/LOSS ON ASSET DISPOSAL	B	-36,316	OTHER ADMIN & GENERAL	5.06	0	33.11
33.12 INFORMATION SERVICES OTHER OPERTING	B	-350	DATA PROCESSING	5.02	0	33.12
33.13 RT - CLIENT REVENUE	B	-5,800	RESPIRATORY THERAPY	65.00	0	33.13
33.14 PROVIDER ASSESSMENT TAX	A	-5,036,481	OTHER ADMIN & GENERAL	5.06	0	33.14
33.15 HOSPITAL INCIDENT COMMND SYSTEM-MISC	B	-21,751	OPERATION OF PLANT	7.00	0	33.15
33.16 SALE OF SILVER	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17 ER PHYSICAN OPERATING INCOME	B	0	EMERGENCY	91.00	0	33.17
33.18 MEDICAL EXEC INCOME	B	-311,550	OTHER ADMIN & GENERAL	5.06	0	33.18
33.19 DIABETES ENDOCRINE OPERATING INCOME	B	0	CLINIC	90.00	0	33.19
33.20 NUCLEAR MED CLIENT REVNUe	B	0	RADIOISOTOPE	56.00	0	33.20
33.21 DIAGNOSTIC CLIENT REVENUE	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,913,851				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0063

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

Worksheet A-8-2

Date/Time Prepared:
11/19/2021 3:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	197,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	2,000	2,000	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	211,500	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	211,500	0	5.00
6.00	90.00	CLINIC	465,737	465,737	0	211,500	0	6.00
7.00	90.01	WOUND CARE	0	0	0	211,500	0	7.00
8.00	91.00	EMERGENCY	4,368,340	4,206,090	162,250	211,500	535	8.00
9.00	50.00	OPERATING ROOM	20,000	0	20,000	211,500	177	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	24,410	0	24,410	211,500	145	10.00
11.00	69.00	ELECTROCARDIOLOGY	11,500	0	11,500	211,500	102	11.00
12.00	90.01	WOUND CARE	6,000	0	6,000	211,500	53	12.00
13.00	90.00	CLINIC	49,283	0	49,283	211,500	436	13.00
14.00	91.00	EMERGENCY	0	0	0	211,500	0	14.00
15.00	90.04	RUSH HEART CENTER	0	0	0	211,500	0	15.00
200.00			4,947,270	4,673,827	273,443		1,448	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	90.01	WOUND CARE	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	54,400	2,720	0	0	0	8.00
9.00	50.00	OPERATING ROOM	17,998	900	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	14,744	737	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	10,372	519	0	0	0	11.00
12.00	90.01	WOUND CARE	5,389	269	0	0	0	12.00
13.00	90.00	CLINIC	44,334	2,217	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	90.04	RUSH HEART CENTER	0	0	0	0	0	15.00
200.00			147,237	7,362	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,000		2.00
3.00	50.00	OPERATING ROOM	0	0	0	0		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0		5.00
6.00	90.00	CLINIC	0	0	0	465,737		6.00
7.00	90.01	WOUND CARE	0	0	0	0		7.00
8.00	91.00	EMERGENCY	0	54,400	107,850	4,313,940		8.00
9.00	50.00	OPERATING ROOM	0	17,998	2,002	2,002		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,744	9,666	9,666		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	10,372	1,128	1,128		11.00
12.00	90.01	WOUND CARE	0	5,389	611	611		12.00
13.00	90.00	CLINIC	0	44,334	4,949	4,949		13.00
14.00	91.00	EMERGENCY	0	0	0	0		14.00
15.00	90.04	RUSH HEART CENTER	0	0	0	0		15.00
200.00			0	147,237	126,206	4,800,033		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,297,140	1,297,140			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,647,421		3,647,421		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,681,998	16,190	5,269	12,703,457	4.00
5.01	00540	NONPATIENT TELEPHONES	-23,280	1,428	2,952	0	5.01
5.02	00550	DATA PROCESSING	788,003	12,987	275,215	120,855	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	314,027	39,799	14,581	91,507	5.03
5.04	00570	ADMITTING	1,021,945	9,772	15,447	184,435	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	71,448	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	14,613,771	56,556	107,544	769,391	5.06
7.00	00700	OPERATION OF PLANT	10,863,908	470,070	89,241	283,463	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,970	5,463	662	16,587	8.00
9.00	00900	HOUSEKEEPING	2,400,564	10,217	13,495	144,324	9.00
10.00	01000	DIETARY	555,561	47,732	23,004	58,051	10.00
11.00	01100	CAFETERIA	929,179	0	0	110,232	11.00
13.00	01300	NURSING ADMINISTRATION	1,828,426	11,302	62,404	304,088	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	963,126	24,823	57,195	92,320	14.00
15.00	01500	PHARMACY	1,726,782	7,178	21,702	285,640	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	819,847	19,682	83,492	118,881	16.00
17.00	01700	SOCIAL SERVICE	317,071	1,891	378	59,031	17.00
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	427,625	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,942,514	81,358	136,241	1,638,233	30.00
31.00	03100	INTENSIVE CARE UNIT	3,783,086	22,324	158,822	596,275	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	342,794	46,575	23,095	59,652	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,958,086	59,431	293,381	674,183	50.00
50.01	05001	ENDOSCOPY	983,812	12,143	109,380	160,109	50.01
51.00	05100	RECOVERY ROOM	1,179,799	4,768	12,845	211,777	51.00
53.00	05300	ANESTHESIOLOGY	1,422,756	1,226	65,883	140,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,544,490	72,311	624,302	751,809	54.00
56.00	05600	RADIOISOTOPE	939,202	11,207	515,142	144,587	56.00
56.01	05602	ULTRASOUND/VASC LAB	702,961	5,920	113,793	130,889	56.01
57.00	05700	CT SCAN	993,853	1,628	261,510	149,204	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	4,879,220	24,319	105,138	415,861	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	485,823	1,628	106	20,453	62.00
65.00	06500	RESPIRATORY THERAPY	1,403,685	4,998	97,674	226,984	65.00
66.00	06600	PHYSICAL THERAPY	1,105,166	29,249	16,603	206,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	486,032	12,316	2,298	92,231	67.00
68.00	06800	SPEECH PATHOLOGY	135,860	713	268	25,854	68.00
69.00	06900	ELECTROCARDIOLOGY	553,921	3,698	66,317	101,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	107,437	1,056	3,127	18,482	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,513,766	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,260,302	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,624,389	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	377,312	0	189	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,926,035	36,495	37,153	330,434	90.00
90.01	09001	WOUND CARE	711,778	12,602	11,297	92,091	90.01
90.02	09002	PULMONARY REHAB	271,934	0	9,040	51,722	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	7,395,772	103,530	70,650	2,054,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,254,869	1,284,585	3,578,283	10,931,871	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3,140	95	0	0
190.01	19001	ADC	0	0	15,127	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	15,633,047	9,415	53,916	1,771,586	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	-18,900
202.00		TOTAL (sum lines 118 through 201)	135,887,916	1,297,140	3,647,421	12,703,457	-18,900

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,197,060					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,974	462,888				5.03
5.04	00570	ADMITTING	9,489	1,051	1,242,139			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	71,448		5.05
5.06	00590	OTHER ADMIN & GENERAL	188,695	79	0	0	15,736,036	5.06
7.00	00700	OPERATION OF PLANT	101,166	99,228	0	0	11,907,076	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	464	1	0	0	73,147	8.00
9.00	00900	HOUSEKEEPING	22,283	51	0	0	2,590,934	9.00
10.00	01000	DIETARY	14,978	36	0	0	699,362	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,039,411	11.00
13.00	01300	NURSING ADMINISTRATION	17,037	1,114	0	0	2,224,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,156	22,888	0	0	1,173,508	14.00
15.00	01500	PHARMACY	51,695	5,810	0	0	2,098,807	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,633	11	0	0	1,049,546	16.00
17.00	01700	SOCIAL SERVICE	2,959	0	0	0	381,330	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,968	0	0	0	431,593	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,753	26,450	53,554	3,082	11,974,185	30.00
31.00	03100	INTENSIVE CARE UNIT	35,365	12,507	14,812	852	4,624,043	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	3,247	462	1,153	66	477,044	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	137,056	179,351	125,451	7,220	6,434,159	50.00
50.01	05001	ENDOSCOPY	12,845	17,411	29,107	1,675	1,326,482	50.01
51.00	05100	RECOVERY ROOM	10,949	1,141	18,656	1,074	1,441,009	51.00
53.00	05300	ANESTHESIOLOGY	13,203	17,396	53,613	3,086	1,717,671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,278	20,449	143,943	8,285	6,217,867	54.00
56.00	05600	RADIOISOTOPE	11,334	10,091	22,694	1,306	1,655,563	56.00
56.01	05602	ULTRASOUND/VASC LAB	6,523	819	24,373	1,403	986,681	56.01
57.00	05700	CT SCAN	9,223	703	114,253	6,576	1,536,950	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	46,209	1,753	201,759	11,572	5,685,831	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,517	0	8,534	491	521,552	62.00
65.00	06500	RESPIRATORY THERAPY	13,449	6,049	15,584	897	1,769,320	65.00
66.00	06600	PHYSICAL THERAPY	10,264	656	12,364	712	1,381,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,510	258	3,825	220	601,690	67.00
68.00	06800	SPEECH PATHOLOGY	1,261	50	1,500	86	165,592	68.00
69.00	06900	ELECTROCARDIOLOGY	5,159	975	30,982	1,783	763,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	997	373	918	53	132,443	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	39,222	2,257	5,555,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	49,749	2,863	6,312,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	69,885	4,022	3,698,296	73.00
74.00	07400	RENAL DIALYSIS	3,501	76	4,558	262	385,898	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	22,260	3,870	15,048	866	2,372,161	90.00
90.01	09001	WOUND CARE	7,375	13,628	6,089	350	855,210	90.01
90.02	09002	PULMONARY REHAB	2,523	50	1,737	100	337,106	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	108,687	15,809	178,776	10,289	9,938,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,051,985	460,596	1,242,139	71,448	118,273,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	3,235	190.00
190.01	19001	ADC	0	0	0	0	15,127	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	145,075	2,292	0	0	17,615,331	192.00
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
201.00	Negative Cost Centers	0	0	0	0	-18,900	201.00
202.00	TOTAL (sum lines 118 through 201)	1,197,060	462,888	1,242,139	71,448	135,887,916	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	15,736,036					5.06
7.00	00700	OPERATION OF PLANT	1,559,196	13,466,272				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,578	106,570	189,295			8.00
9.00	00900	HOUSEKEEPING	339,275	199,296	0	3,129,505		9.00
10.00	01000	DIETARY	91,579	931,095	0	102,593	1,824,629	10.00
11.00	01100	CAFETERIA	136,108	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	291,275	220,471	0	29,881	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	153,667	484,221	551	49,802	0	14.00
15.00	01500	PHARMACY	274,832	140,019	0	26,050	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	137,435	383,933	0	70,106	0	16.00
17.00	01700	SOCIAL SERVICE	49,934	36,881	0	7,049	0	17.00
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	56,516	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,567,984	1,587,039	44,273	673,177	1,593,175	30.00
31.00	03100	INTENSIVE CARE UNIT	605,505	435,473	9,945	167,796	145,962	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	62,467	908,525	2,309	239,051	85,492	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	842,534	1,159,303	31,781	402,403	0	50.00
50.01	05001	ENDOSCOPY	173,699	236,875	7,248	29,881	0	50.01
51.00	05100	RECOVERY ROOM	188,696	93,016	4,926	19,921	0	51.00
53.00	05300	ANESTHESIOLOGY	224,924	23,909	0	49,802	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	814,211	1,410,546	13,663	237,826	0	54.00
56.00	05600	RADIOISOTOPE	216,791	218,609	21,577	75,853	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	129,203	115,471	0	9,960	0	56.01
57.00	05700	CT SCAN	201,259	31,762	0	19,921	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	744,543	474,390	0	199,210	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	68,296	31,762	0	9,960	0	62.00
65.00	06500	RESPIRATORY THERAPY	231,687	97,496	0	26,970	0	65.00
66.00	06600	PHYSICAL THERAPY	180,841	570,548	3,259	119,526	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,790	240,249	1,008	32,563	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,684	13,903	0	7,049	0	68.00
69.00	06900	ELECTROCARDIOLOGY	100,036	72,133	3,452	119,526	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,343	20,593	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	727,443	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	826,657	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	484,281	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	50,532	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	310,627	711,905	87	133,624	0	90.00
90.01	09001	WOUND CARE	111,987	245,833	656	119,526	0	90.01
90.02	09002	PULMONARY REHAB	44,143	0	0	0	0	90.02
90.03	09003	SPIRE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,301,368	2,019,543	44,560	140,519	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,426,926	13,221,369	189,295	3,119,545	1,824,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	424	61,255	0	9,960	0	190.00
190.01	19001	ADC	1,981	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,306,705	183,648	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118 through 201)	15,736,036	13,466,272	189,295	3,129,505	1,824,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,175,519					11.00
13.00	01300	NURSING ADMINISTRATION	32,956	2,798,954				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,576	0	1,881,325			14.00
15.00	01500	PHARMACY	27,298	0	0	2,567,006		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,569	0	0	0	1,662,589	16.00
17.00	01700	SOCIAL SERVICE	7,776	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	211,561	869,354	52,900	0	71,685	30.00
31.00	03100	INTENSIVE CARE UNIT	66,432	272,993	25,947	0	19,827	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	9,770	40,173	7,871	0	1,543	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	82,147	337,526	550,164	0	167,923	50.00
50.01	05001	ENDOSCOPY	20,582	0	58,131	0	38,962	50.01
51.00	05100	RECOVERY ROOM	20,240	83,151	1,240	0	24,972	51.00
53.00	05300	ANESTHESIOLOGY	8,890	36,514	112,476	0	71,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,366	0	262,486	0	192,676	54.00
56.00	05600	RADIOISOTOPE	19,486	0	11,117	0	30,377	56.00
56.01	05602	ULTRASOUND/VASC LAB	13,380	0	6,191	0	32,624	56.01
57.00	05700	CT SCAN	16,559	0	11,519	0	152,933	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	58,368	0	67,404	0	269,988	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,586	0	3,307	0	11,423	62.00
65.00	06500	RESPIRATORY THERAPY	28,089	0	30,454	0	20,859	65.00
66.00	06600	PHYSICAL THERAPY	21,354	87,737	10,830	0	16,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,165	41,772	8,779	0	5,121	67.00
68.00	06800	SPEECH PATHOLOGY	2,389	9,783	337	0	2,007	68.00
69.00	06900	ELECTROCARDIOLOGY	14,727	60,482	7,748	0	41,470	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,868	0	452	0	1,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	171,207	0	52,500	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	309,299	0	66,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	46,615	2,567,006	93,544	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,101	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	41,720	171,394	5,501	0	20,142	90.00
90.01	09001	WOUND CARE	10,973	45,094	26,485	0	8,151	90.01
90.02	09002	PULMONARY REHAB	6,340	26,073	336	0	2,325	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	174,476	716,908	77,547	0	239,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,040,643	2,798,954	1,866,343	2,567,006	1,662,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	157	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	134,876	0	14,825	0	0	192.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,175,519	2,798,954	1,881,325	2,567,006	1,662,589	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	482,970				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		488,109		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	482,970	0	265,802	19,394,105	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,373,923	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	1,834,245	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	82,157	10,090,097	50.00
50.01	05001	ENDOSCOPY	0	0	0	1,891,860	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,877,171	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,245,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	96,655	9,335,296	54.00
56.00	05600	RADIOISOTOPE	0	0	33,829	2,283,202	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	1,293,510	56.01
57.00	05700	CT SCAN	0	0	0	1,970,903	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	7,499,734	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	648,886	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,204,875	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,391,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,020,137	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	222,744	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,183,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	173,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,506,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,515,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,889,742	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	442,531	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	3,767,161	90.00
90.01	09001	WOUND CARE	0	0	0	1,423,915	90.01
90.02	09002	PULMONARY REHAB	0	0	0	416,323	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	9,666	14,662,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	482,970	0	488,109	115,559,292	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		17.00	21.00	22.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	74,874	0 190.00
190.01	19001	ADC	0	0	0	17,265	0 190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	20,255,385	0 192.00
200.00		Cross Foot Adjustments		0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	-18,900	0 201.00
202.00		TOTAL (sum lines 118 through 201)	482,970	0	488,109	135,887,916	-488,109 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
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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	16,190	5,269	21,459	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,428	2,952	4,380	5.01
5.02	00550	DATA PROCESSING	0	12,987	275,215	288,202	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	39,799	14,581	54,380	5.03
5.04	00570	ADMITTING	0	9,772	15,447	25,219	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	71,448	71,448	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	56,556	107,544	164,100	5.06
7.00	00700	OPERATION OF PLANT	0	470,070	89,241	559,311	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,463	662	6,125	8.00
9.00	00900	HOUSEKEEPING	0	10,217	13,495	23,712	9.00
10.00	01000	DIETARY	0	47,732	23,004	70,736	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,302	62,404	73,706	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,823	57,195	82,018	14.00
15.00	01500	PHARMACY	0	7,178	21,702	28,880	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,682	83,492	103,174	16.00
17.00	01700	SOCIAL SERVICE	0	1,891	378	2,269	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	81,358	136,241	217,599	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,324	158,822	181,146	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	46,575	23,095	69,670	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	59,431	293,381	352,812	50.00
50.01	05001	ENDOSCOPY	0	12,143	109,380	121,523	50.01
51.00	05100	RECOVERY ROOM	0	4,768	12,845	17,613	51.00
53.00	05300	ANESTHESIOLOGY	0	1,226	65,883	67,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,311	624,302	696,613	54.00
56.00	05600	RADIOISOTOPE	0	11,207	515,142	526,349	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	5,920	113,793	119,713	56.01
57.00	05700	CT SCAN	0	1,628	261,510	263,138	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	24,319	105,138	129,457	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,628	106	1,734	62.00
65.00	06500	RESPIRATORY THERAPY	0	4,998	97,674	102,672	65.00
66.00	06600	PHYSICAL THERAPY	0	29,249	16,603	45,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,316	2,298	14,614	67.00
68.00	06800	SPEECH PATHOLOGY	0	713	268	981	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,698	66,317	70,015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,056	3,127	4,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	189	189	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	36,495	37,153	73,648	90.00
90.01	09001	WOUND CARE	0	12,602	11,297	23,899	90.01
90.02	09002	PULMONARY REHAB	0	0	9,040	9,040	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	103,530	70,650	174,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,284,585	3,578,283	4,862,868	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3,140	95	3,235	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	
190.01	19001	ADC	0	0	15,127	15,127	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	9,415	53,916	63,331	2,994	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,297,140	3,647,421	4,944,561	21,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,380					5.01
5.02	00550	DATA PROCESSING	0	288,406				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	717	55,252			5.03
5.04	00570	ADMITTING	0	2,286	125	27,942		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	71,448	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	45,442	9	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	24,376	11,844	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	112	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	5,369	6	0	0	9.00
10.00	01000	DIETARY	0	3,609	4	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,105	133	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,170	2,732	0	0	14.00
15.00	01500	PHARMACY	0	12,456	693	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,839	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	713	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	956	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	22,349	3,157	1,201	3,082	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,521	1,493	332	852	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	782	55	26	66	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,023	21,411	2,814	7,220	50.00
50.01	05001	ENDOSCOPY	0	3,095	2,078	653	1,675	50.01
51.00	05100	RECOVERY ROOM	0	2,638	136	418	1,074	51.00
53.00	05300	ANESTHESIOLOGY	0	3,181	2,076	1,203	3,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,596	2,441	3,229	8,285	54.00
56.00	05600	RADIOISOTOPE	0	2,731	1,204	509	1,306	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	1,572	98	547	1,403	56.01
57.00	05700	CT SCAN	0	2,222	84	2,563	6,576	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	11,134	209	4,604	11,572	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,088	0	191	491	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,241	722	350	897	65.00
66.00	06600	PHYSICAL THERAPY	0	2,473	78	277	712	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,087	31	86	220	67.00
68.00	06800	SPEECH PATHOLOGY	0	304	6	34	86	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,243	116	695	1,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	240	45	21	53	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	880	2,257	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,116	2,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,567	4,022	73.00
74.00	07400	RENAL DIALYSIS	0	844	9	102	262	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	5,364	462	338	866	90.00
90.01	09001	WOUND CARE	0	1,777	1,627	137	350	90.01
90.02	09002	PULMONARY REHAB	0	608	6	39	100	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	26,188	1,887	4,010	10,289	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	253,451	54,978	27,942	71,448	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	34,955	274	0	0	192.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers	4,380	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,380	288,406	55,252	27,942	71,448	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	210,851					5.06
7.00	00700	OPERATION OF PLANT	20,897	616,907				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	128	4,882	11,275			8.00
9.00	00900	HOUSEKEEPING	4,547	9,130	0	43,008		9.00
10.00	01000	DIETARY	1,227	42,655	0	1,410	119,739	10.00
11.00	01100	CAFETERIA	1,824	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,904	10,100	0	411	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,060	22,183	33	684	0	14.00
15.00	01500	PHARMACY	3,683	6,414	0	358	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,842	17,588	0	963	0	16.00
17.00	01700	SOCIAL SERVICE	669	1,690	0	97	0	17.00
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	757	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,015	72,704	2,637	9,250	104,550	30.00
31.00	03100	INTENSIVE CARE UNIT	8,115	19,950	592	2,306	9,579	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	837	41,621	138	3,285	5,610	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,292	53,109	1,893	5,530	0	50.00
50.01	05001	ENDOSCOPY	2,328	10,852	432	411	0	50.01
51.00	05100	RECOVERY ROOM	2,529	4,261	293	274	0	51.00
53.00	05300	ANESTHESIOLOGY	3,015	1,095	0	684	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,912	64,619	814	3,268	0	54.00
56.00	05600	RADIOISOTOPE	2,906	10,015	1,285	1,042	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,732	5,290	0	137	0	56.01
57.00	05700	CT SCAN	2,697	1,455	0	274	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,979	21,732	0	2,738	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	915	1,455	0	137	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,105	4,466	0	371	0	65.00
66.00	06600	PHYSICAL THERAPY	2,424	26,138	194	1,643	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,056	11,006	60	448	0	67.00
68.00	06800	SPEECH PATHOLOGY	291	637	0	97	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,341	3,304	206	1,643	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	232	943	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,749	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,079	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,491	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	677	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,163	32,613	5	1,836	0	90.00
90.01	09001	WOUND CARE	1,501	11,262	39	1,643	0	90.01
90.02	09002	PULMONARY REHAB	592	0	0	0	0	90.02
90.03	09003	SPIRE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	17,441	92,519	2,654	1,931	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,952	605,688	11,275	42,871	119,739	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	6	2,806	0	137	0	190.00
190.01	19001	ADC	27	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,866	8,413	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118 through 201)	210,851	616,907	11,275	43,008	119,739	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,010					11.00
13.00	01300	NURSING ADMINISTRATION	56	92,929				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33	0	113,069			14.00
15.00	01500	PHARMACY	47	0	0	53,014		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	0	0	0	125,645	16.00
17.00	01700	SOCIAL SERVICE	13	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	363	28,863	3,179	0	5,417	30.00
31.00	03100	INTENSIVE CARE UNIT	114	9,064	1,559	0	1,498	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	17	1,334	473	0	117	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	140	11,206	33,065	0	12,688	50.00
50.01	05001	ENDOSCOPY	35	0	3,494	0	2,944	50.01
51.00	05100	RECOVERY ROOM	35	2,761	75	0	1,887	51.00
53.00	05300	ANESTHESIOLOGY	15	1,212	6,760	0	5,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	153	0	15,775	0	14,559	54.00
56.00	05600	RADIOISOTOPE	33	0	668	0	2,295	56.00
56.01	05602	ULTRASOUND/VASC LAB	23	0	372	0	2,465	56.01
57.00	05700	CT SCAN	28	0	692	0	11,556	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	100	0	4,051	0	20,416	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4	0	199	0	863	62.00
65.00	06500	RESPIRATORY THERAPY	48	0	1,830	0	1,576	65.00
66.00	06600	PHYSICAL THERAPY	37	2,913	651	0	1,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	17	1,387	528	0	387	67.00
68.00	06800	SPEECH PATHOLOGY	4	325	20	0	152	68.00
69.00	06900	ELECTROCARDIOLOGY	25	2,008	466	0	3,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	0	27	0	93	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,290	0	3,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,589	0	5,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,802	53,014	7,068	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	461	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	71	5,691	331	0	1,522	90.00
90.01	09001	WOUND CARE	19	1,497	1,592	0	616	90.01
90.02	09002	PULMONARY REHAB	11	866	20	0	176	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	298	23,802	4,661	0	18,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,779	92,929	112,169	53,014	125,645	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	9	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	231	0	891	0	0	192.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,010	92,929	113,069	53,014	125,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	5,551				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,713		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,551			503,685	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0			246,129	0 31.00
40.00	04000	SUBPROVIDER - IPF	0			0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0			0	0 41.00
44.00	04400	SKILLED NURSING FACILITY	0			124,132	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			547,342	0 50.00
50.01	05001	ENDOSCOPY	0			149,791	0 50.01
51.00	05100	RECOVERY ROOM	0			34,352	0 51.00
53.00	05300	ANESTHESIOLOGY	0			95,096	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			834,534	0 54.00
56.00	05600	RADIOISOTOPE	0			550,587	0 56.00
56.01	05602	ULTRASOUND/VASC LAB	0			133,573	0 56.01
57.00	05700	CT SCAN	0			291,537	0 57.00
58.00	05800	MRI	0			0	0 58.00
60.00	06000	LABORATORY	0			216,695	0 60.00
60.01	06001	BLOOD LABORATORY	0			0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			7,112	0 62.00
65.00	06500	RESPIRATORY THERAPY	0			119,662	0 65.00
66.00	06600	PHYSICAL THERAPY	0			84,991	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			31,083	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			2,981	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			86,150	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			5,871	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			27,143	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			38,679	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			74,964	0 73.00
74.00	07400	RENAL DIALYSIS	0			2,544	0 74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	0 89.00
90.00	09000	CLINIC	0			127,468	0 90.00
90.01	09001	WOUND CARE	0			46,115	0 90.01
90.02	09002	PULMONARY REHAB	0			11,545	0 90.02
90.03	09003	SPINE CENTER	0			0	0 90.03
90.04	09005	RUSH HEART CENTER	0			0	0 90.04
91.00	09100	EMERGENCY	0			381,405	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0			0	0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0 110.00
111.00	11100	ISLET ACQUISITION	0			0	0 111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,551	0	0	4,775,166	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER		
				Y & FRINGES APPRV	PRGM COSTS APPRV		
			17.00	21.00	22.00	24.00	25.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			6,184	0 190.00
190.01	19001	ADC	0			15,163	0 190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0			141,955	0 192.00
200.00		Cross Foot Adjustments		0	1,713	1,713	0 200.00
201.00		Negative Cost Centers	0	0	0	4,380	0 201.00
202.00		TOTAL (sum lines 118 through 201)	5,551	0	1,713	4,944,561	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	434,972				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,890,628			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,429	2,731	66,053,409		4.00
5.01	00540	NONPATIENT TELEPHONES	479	1,530	0	571	5.01
5.02	00550	DATA PROCESSING	4,355	142,657	628,400	12	129,000,282
5.03	00560	PURCHASING RECEIVING AND STORES	13,346	7,558	475,802	16	320,453
5.04	00570	ADMITTING	3,277	8,007	958,997	13	1,022,485
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	37,035	0	24	0
5.06	00590	OTHER ADMIN & GENERAL	18,965	55,745	4,000,557	72	20,340,351
7.00	00700	OPERATION OF PLANT	157,629	46,258	1,473,904	32	10,901,456
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	86,248	0	49,970
9.00	00900	HOUSEKEEPING	3,426	6,995	750,435	4	2,401,164
10.00	01000	DIETARY	16,006	11,924	301,843	25	1,613,989
11.00	01100	CAFETERIA	0	0	573,166	0	0
13.00	01300	NURSING ADMINISTRATION	3,790	32,347	1,581,146	13	1,835,857
14.00	01400	CENTRAL SERVICES & SUPPLY	8,324	29,647	480,029	7	1,417,651
15.00	01500	PHARMACY	2,407	11,249	1,485,225	10	5,570,611
16.00	01600	MEDICAL RECORDS & LIBRARY	6,600	43,278	618,137	36	822,547
17.00	01700	SOCIAL SERVICE	634	196	306,940	3	318,841
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	427,625
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,282	70,620	8,518,224	51	9,994,949
31.00	03100	INTENSIVE CARE UNIT	7,486	82,325	3,100,415	19	3,810,876
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	15,618	11,971	310,170	18	349,944
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,929	152,073	3,505,509	30	14,768,956
50.01	05001	ENDOSCOPY	4,072	56,697	832,507	18	1,384,126
51.00	05100	RECOVERY ROOM	1,599	6,658	1,101,166	0	1,179,799
53.00	05300	ANESTHESIOLOGY	411	34,150	730,593	0	1,422,756
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,248	323,605	3,909,134	30	5,633,385
56.00	05600	RADIOISOTOPE	3,758	267,022	751,800	24	1,221,352
56.01	05602	ULTRASOUND/VASC LAB	1,985	58,984	680,575	4	702,961
57.00	05700	CT SCAN	546	135,553	775,806	3	993,853
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	8,155	54,498	2,162,326	37	4,979,432
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	55	106,350	0	486,739
65.00	06500	RESPIRATORY THERAPY	1,676	50,629	1,180,236	10	1,449,240
66.00	06600	PHYSICAL THERAPY	9,808	8,606	1,071,174	8	1,106,066
67.00	06700	OCCUPATIONAL THERAPY	4,130	1,191	479,569	2	486,032
68.00	06800	SPEECH PATHOLOGY	239	139	134,433	3	135,860
69.00	06900	ELECTROCARDIOLOGY	1,240	34,375	525,705	0	555,889
70.00	07000	ELECTROENCEPHALOGRAPHY	354	1,621	96,098	1	107,437
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	98	0	0	377,312
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	12,238	19,258	1,718,137	23	2,398,731
90.01	09001	WOUND CARE	4,226	5,856	478,838	2	794,765
90.02	09002	PULMONARY REHAB	0	4,686	268,936	0	271,865
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09005	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	34,717	36,621	10,683,271	19	11,711,910
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	430,762	1,854,791	56,841,801	569	113,367,235

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,157	27,947	9,211,608	0	15,633,047	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,297,140	3,647,421	12,703,457	-18,900	1,197,060	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.982123	1.929211	0.192321	0.000000	0.009280	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,459	4,380	288,406	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000325	7.670753	0.002236	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,846,996					5.03
5.04	00570	ADMITTING	17,821	525,608,912				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	525,608,912			5.05
5.06	00590	OTHER ADMIN & GENERAL	1,337	0	0	-15,736,036	120,170,780	5.06
7.00	00700	OPERATION OF PLANT	1,682,147	0	0	0	11,907,076	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25	0	0	0	73,147	8.00
9.00	00900	HOUSEKEEPING	870	0	0	0	2,590,934	9.00
10.00	01000	DIETARY	607	0	0	0	699,362	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,039,411	11.00
13.00	01300	NURSING ADMINISTRATION	18,892	0	0	0	2,224,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	387,997	0	0	0	1,173,508	14.00
15.00	01500	PHARMACY	98,485	0	0	0	2,098,807	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	178	0	0	0	1,049,546	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	381,330	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	431,593	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	448,384	22,663,726	22,663,726	0	11,974,185	30.00
31.00	03100	INTENSIVE CARE UNIT	212,029	6,268,365	6,268,365	0	4,624,043	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	7,831	487,900	487,900	0	477,044	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,040,346	53,089,847	53,089,847	0	6,434,159	50.00
50.01	05001	ENDOSCOPY	295,159	12,317,899	12,317,899	0	1,326,482	50.01
51.00	05100	RECOVERY ROOM	19,350	7,895,063	7,895,063	0	1,441,009	51.00
53.00	05300	ANESTHESIOLOGY	294,904	22,688,730	22,688,730	0	1,717,671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	346,662	60,915,544	60,915,544	0	6,217,867	54.00
56.00	05600	RADIOISOTOPE	171,068	9,603,897	9,603,897	0	1,655,563	56.00
56.01	05602	ULTRASOUND/VASC LAB	13,886	10,314,298	10,314,298	0	986,681	56.01
57.00	05700	CT SCAN	11,923	48,350,692	48,350,692	0	1,536,950	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	29,720	85,329,749	85,329,749	0	5,685,831	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,611,393	3,611,393	0	521,552	62.00
65.00	06500	RESPIRATORY THERAPY	102,542	6,594,834	6,594,834	0	1,769,320	65.00
66.00	06600	PHYSICAL THERAPY	11,120	5,232,236	5,232,236	0	1,381,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,372	1,618,890	1,618,890	0	601,690	67.00
68.00	06800	SPEECH PATHOLOGY	854	634,587	634,587	0	165,592	68.00
69.00	06900	ELECTROCARDIOLOGY	16,533	13,111,088	13,111,088	0	763,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,329	388,496	388,496	0	132,443	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,598,225	16,598,225	0	5,555,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,053,419	21,053,419	0	6,312,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,574,559	29,574,559	0	3,698,296	73.00
74.00	07400	RENAL DIALYSIS	1,287	1,929,008	1,929,008	0	385,898	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	65,607	6,368,147	6,368,147	0	2,372,161	90.00
90.01	09001	WOUND CARE	231,030	2,576,991	2,576,991	0	855,210	90.01
90.02	09002	PULMONARY REHAB	840	734,913	734,913	0	337,106	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	268,005	75,656,416	75,656,416	0	9,938,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,808,140	525,608,912	525,608,912	-15,736,036	102,537,087	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	3,235	190.00
190.01	19001	ADC	0	0	0	0	15,127	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS PRIVATE OFFICES	38,856	0	0	0	17,615,331	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	462,888	1,242,139	71,448		15,736,036	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.058989	0.002363	0.000136		0.130947	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,252	27,942	71,448		210,851	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007041	0.000053	0.000136		0.001755	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	231,492				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	641,023			8.00
9.00	00900	HOUSEKEEPING	3,426	0	40,845		9.00
10.00	01000	DIETARY	16,006	0	1,339	52,503	10.00
11.00	01100	CAFETERIA	0	0	0	65,454	11.00
13.00	01300	NURSING ADMINISTRATION	3,790	0	390	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,324	1,867	650	0	14.00
15.00	01500	PHARMACY	2,407	0	340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,600	0	915	0	16.00
17.00	01700	SOCIAL SERVICE	634	0	92	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,282	149,924	8,786	45,843	30.00
31.00	03100	INTENSIVE CARE UNIT	7,486	33,679	2,190	4,200	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	15,618	7,820	3,120	2,460	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,929	107,621	5,252	0	50.00
50.01	05001	ENDOSCOPY	4,072	24,545	390	0	50.01
51.00	05100	RECOVERY ROOM	1,599	16,681	260	0	51.00
53.00	05300	ANESTHESIOLOGY	411	0	650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,248	46,268	3,104	0	54.00
56.00	05600	RADIOISOTOPE	3,758	73,067	990	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,985	0	130	0	56.01
57.00	05700	CT SCAN	546	0	260	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	8,155	0	2,600	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	0	130	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,676	0	352	0	65.00
66.00	06600	PHYSICAL THERAPY	9,808	11,037	1,560	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,130	3,415	425	0	67.00
68.00	06800	SPEECH PATHOLOGY	239	0	92	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240	11,690	1,560	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	12,238	293	1,744	0	90.00
90.01	09001	WOUND CARE	4,226	2,221	1,560	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	34,717	150,895	1,834	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,282	641,023	40,715	52,503	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	0	130	0	190.00
190.01	19001	ADC	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,157	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	13,466,272	189,295	3,129,505	1,824,629	1,175,519	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	58.171652	0.295301	76.619048	34.752852	17.959468	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	616,907	11,275	43,008	119,739	2,010	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.664917	0.017589	1.052956	2.280613	0.030709	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	791,069					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,966,748				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	525,608,912		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	15,281	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	245,706	111,539	0	22,663,726	15,281	30.00
31.00	03100	INTENSIVE CARE UNIT	77,156	54,708	0	6,268,365	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	11,354	16,595	0	487,900	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,395	1,160,014	0	53,089,847	0	50.00
50.01	05001	ENDOSCOPY	0	122,569	0	12,317,899	0	50.01
51.00	05100	RECOVERY ROOM	23,501	2,614	0	7,895,063	0	51.00
53.00	05300	ANESTHESIOLOGY	10,320	237,153	0	22,688,730	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	553,448	0	60,915,544	0	54.00
56.00	05600	RADIOISOTOPE	0	23,441	0	9,603,897	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	13,054	0	10,314,298	0	56.01
57.00	05700	CT SCAN	0	24,288	0	48,350,692	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	142,121	0	85,329,749	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,973	0	3,611,393	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	64,211	0	6,594,834	0	65.00
66.00	06600	PHYSICAL THERAPY	24,797	22,835	0	5,232,236	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,806	18,511	0	1,618,890	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,765	710	0	634,587	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,094	16,337	0	13,111,088	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	952	0	388,496	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	360,988	0	16,598,225	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	652,153	0	21,053,419	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,288	100	29,574,559	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,929,008	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	48,441	11,599	0	6,368,147	0	90.00
90.01	09001	WOUND CARE	12,745	55,844	0	2,576,991	0	90.01
90.02	09002	PULMONARY REHAB	7,369	708	0	734,913	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	202,620	163,507	0	75,656,416	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	791,069	3,935,160	100	525,608,912	15,281	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	330	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	31,258	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,798,954	1,881,325	2,567,006	1,662,589	482,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.538192	0.474274	25,670.060000	0.003163	31.605916	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	92,929	113,069	53,014	125,645	5,551	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.117473	0.028504	530.140000	0.000239	0.363262	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-SALAR	SERVICES-OTHER	
		Y & FRINGES	PRGM COSTS	
		APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)	
		21.00	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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN & GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	101	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	55	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
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	17	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20	54.00
56.00	05600	RADIOISOTOPE	7	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE	0	90.01
90.02	09002	PULMONARY REHAB	0	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09005	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER	
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)	
			21.00	22.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	488,109	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,832.762376	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,713	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	16.960396	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 3:32 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,128,303		19,128,303	0	19,128,303	30.00
31.00	03100	INTENSIVE CARE UNIT	6,373,923		6,373,923	0	6,373,923	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	1,834,245		1,834,245	0	1,834,245	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,007,940		10,007,940	2,002	10,009,942	50.00
50.01	05001	ENDOSCOPY	1,891,860		1,891,860	0	1,891,860	50.01
51.00	05100	RECOVERY ROOM	1,877,171		1,877,171	0	1,877,171	51.00
53.00	05300	ANESTHESIOLOGY	2,245,950		2,245,950	0	2,245,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,238,641		9,238,641	9,666	9,248,307	54.00
56.00	05600	RADIOISOTOPE	2,249,373		2,249,373	0	2,249,373	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,293,510		1,293,510	0	1,293,510	56.01
57.00	05700	CT SCAN	1,970,903		1,970,903	0	1,970,903	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	7,499,734		7,499,734	0	7,499,734	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	648,886		648,886	0	648,886	62.00
65.00	06500	RESPIRATORY THERAPY	2,204,875	0	2,204,875	0	2,204,875	65.00
66.00	06600	PHYSICAL THERAPY	2,391,668	0	2,391,668	0	2,391,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,020,137	0	1,020,137	0	1,020,137	67.00
68.00	06800	SPEECH PATHOLOGY	222,744	0	222,744	0	222,744	68.00
69.00	06900	ELECTROCARDIOLOGY	1,183,513		1,183,513	1,128	1,184,641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173,928		173,928	0	173,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,506,395		6,506,395	0	6,506,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,515,462		7,515,462	0	7,515,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,889,742		6,889,742	0	6,889,742	73.00
74.00	07400	RENAL DIALYSIS	442,531		442,531	0	442,531	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	3,767,161		3,767,161	4,949	3,772,110	90.00
90.01	09001	WOUND CARE	1,423,915		1,423,915	611	1,424,526	90.01
90.02	09002	PULMONARY REHAB	416,323		416,323	0	416,323	90.02
90.03	09003	SPINE CENTER	0		0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0		0	0	0	90.04
91.00	09100	EMERGENCY	14,652,350		14,652,350	107,850	14,760,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,385,295		2,385,295	0	2,385,295	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	117,456,478	0	117,456,478	126,206	117,582,684	200.00
201.00		Less Observation Beds	2,385,295		2,385,295	0	2,385,295	201.00
202.00		Total (see instructions)	115,071,183	0	115,071,183	126,206	115,197,389	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

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	19,750,462		19,750,462			30.00		
31.00	03100	INTENSIVE CARE UNIT	6,268,365		6,268,365			31.00		
40.00	04000	SUBPROVIDER - IPF	0		0			40.00		
41.00	04100	SUBPROVIDER - IRF	0		0			41.00		
44.00	04400	SKILLED NURSING FACILITY	487,900		487,900			44.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,924,415	44,165,432	53,089,847	0.188509	0.000000	50.00		
50.01	05001	ENDOSCOPY	1,081,900	11,235,999	12,317,899	0.153586	0.000000	50.01		
51.00	05100	RECOVERY ROOM	1,168,112	6,726,951	7,895,063	0.237765	0.000000	51.00		
53.00	05300	ANESTHESIOLOGY	3,629,080	19,059,650	22,688,730	0.098990	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,261,786	49,653,758	60,915,544	0.151663	0.000000	54.00		
56.00	05600	RADIOISOTOPE	351,203	9,252,694	9,603,897	0.234215	0.000000	56.00		
56.01	05602	ULTRASOUND/VASC LAB	1,947,121	8,367,177	10,314,298	0.125409	0.000000	56.01		
57.00	05700	CT SCAN	11,099,784	37,250,908	48,350,692	0.040763	0.000000	57.00		
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00		
60.00	06000	LABORATORY	20,555,395	64,774,354	85,329,749	0.087891	0.000000	60.00		
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,494,197	2,117,196	3,611,393	0.179677	0.000000	62.00		
65.00	06500	RESPIRATORY THERAPY	3,399,077	3,195,757	6,594,834	0.334334	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	1,413,163	3,819,073	5,232,236	0.457102	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,103,381	515,509	1,618,890	0.630146	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	400,301	234,286	634,587	0.351006	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	4,341,513	8,769,575	13,111,088	0.090268	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	134,505	253,991	388,496	0.447696	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,802,360	11,795,865	16,598,225	0.391993	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,872,458	16,180,961	21,053,419	0.356971	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	18,856,492	10,718,067	29,574,559	0.232962	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	1,805,491	123,517	1,929,008	0.229409	0.000000	74.00		
	OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00		
90.00	09000	CLINIC	7,995	6,360,152	6,368,147	0.591563	0.000000	90.00		
90.01	09001	WOUND CARE	32,906	2,544,085	2,576,991	0.552549	0.000000	90.01		
90.02	09002	PULMONARY REHAB	1,836	733,077	734,913	0.566493	0.000000	90.02		
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000	90.03		
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000	90.04		
91.00	09100	EMERGENCY	11,087,432	64,568,984	75,656,416	0.193670	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	424,214	2,489,050	2,913,264	0.818771	0.000000	92.00		
	OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10		
	SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00		
111.00	11100	ISLET ACQUISITION	0	0	0			111.00		
200.00		Subtotal (see instructions)	140,702,844	384,906,068	525,608,912			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	140,702,844	384,906,068	525,608,912			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet C
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.188547			50.00
50.01	05001	ENDOSCOPY	0.153586			50.01
51.00	05100	RECOVERY ROOM	0.237765			51.00
53.00	05300	ANESTHESIOLOGY	0.098990			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151822			54.00
56.00	05600	RADIOISOTOPE	0.234215			56.00
56.01	05602	ULTRASOUND/VASC LAB	0.125409			56.01
57.00	05700	CT SCAN	0.040763			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.087891			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.179677			62.00
65.00	06500	RESPIRATORY THERAPY	0.334334			65.00
66.00	06600	PHYSICAL THERAPY	0.457102			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.630146			67.00
68.00	06800	SPEECH PATHOLOGY	0.351006			68.00
69.00	06900	ELECTROCARDIOLOGY	0.090354			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.447696			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.391993			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356971			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232962			73.00
74.00	07400	RENAL DIALYSIS	0.229409			74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.592340			90.00
90.01	09001	WOUND CARE	0.552787			90.01
90.02	09002	PULMONARY REHAB	0.566493			90.02
90.03	09003	SPINE CENTER	0.000000			90.03
90.04	09005	RUSH HEART CENTER	0.000000			90.04
91.00	09100	EMERGENCY	0.195095			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.818771			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet C
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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,128,303		19,128,303	0
31.00	03100	INTENSIVE CARE UNIT	6,373,923		6,373,923	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
44.00	04400	SKILLED NURSING FACILITY	1,834,245		1,834,245	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,007,940		10,007,940	2,002
50.01	05001	ENDOSCOPY	1,891,860		1,891,860	0
51.00	05100	RECOVERY ROOM	1,877,171		1,877,171	0
53.00	05300	ANESTHESIOLOGY	2,245,950		2,245,950	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,238,641		9,238,641	9,666
56.00	05600	RADIOISOTOPE	2,249,373		2,249,373	0
56.01	05602	ULTRASOUND/VASC LAB	1,293,510		1,293,510	0
57.00	05700	CT SCAN	1,970,903		1,970,903	0
58.00	05800	MRI	0		0	0
60.00	06000	LABORATORY	7,499,734		7,499,734	0
60.01	06001	BLOOD LABORATORY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	648,886		648,886	0
65.00	06500	RESPIRATORY THERAPY	2,204,875	0	2,204,875	0
66.00	06600	PHYSICAL THERAPY	2,391,668	0	2,391,668	0
67.00	06700	OCCUPATIONAL THERAPY	1,020,137	0	1,020,137	0
68.00	06800	SPEECH PATHOLOGY	222,744	0	222,744	0
69.00	06900	ELECTROCARDIOLOGY	1,183,513		1,183,513	1,128
70.00	07000	ELECTROENCEPHALOGRAPHY	173,928		173,928	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,506,395		6,506,395	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,515,462		7,515,462	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,889,742		6,889,742	0
74.00	07400	RENAL DIALYSIS	442,531		442,531	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	3,767,161		3,767,161	4,949
90.01	09001	WOUND CARE	1,423,915		1,423,915	611
90.02	09002	PULMONARY REHAB	416,323		416,323	0
90.03	09003	SPIRE CENTER	0		0	0
90.04	09005	RUSH HEART CENTER	0		0	0
91.00	09100	EMERGENCY	14,652,350		14,652,350	107,850
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,385,295		2,385,295	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	117,456,478	0	117,456,478	126,206
201.00		Less Observation Beds	2,385,295		2,385,295	0
202.00		Total (see instructions)	115,071,183	0	115,071,183	126,206

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2020
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			Title XIX		Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,750,462		19,750,462			30.00
31.00	03100	INTENSIVE CARE UNIT	6,268,365		6,268,365			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
44.00	04400	SKILLED NURSING FACILITY	487,900		487,900			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,924,415	44,165,432	53,089,847	0.188509	0.000000	50.00
50.01	05001	ENDOSCOPY	1,081,900	11,235,999	12,317,899	0.153586	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,168,112	6,726,951	7,895,063	0.237765	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	3,629,080	19,059,650	22,688,730	0.098990	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,261,786	49,653,758	60,915,544	0.151663	0.000000	54.00
56.00	05600	RADIOISOTOPE	351,203	9,252,694	9,603,897	0.234215	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,947,121	8,367,177	10,314,298	0.125409	0.000000	56.01
57.00	05700	CT SCAN	11,099,784	37,250,908	48,350,692	0.040763	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	20,555,395	64,774,354	85,329,749	0.087891	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,494,197	2,117,196	3,611,393	0.179677	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	3,399,077	3,195,757	6,594,834	0.334334	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,413,163	3,819,073	5,232,236	0.457102	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,103,381	515,509	1,618,890	0.630146	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	400,301	234,286	634,587	0.351006	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,341,513	8,769,575	13,111,088	0.090268	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	134,505	253,991	388,496	0.447696	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,802,360	11,795,865	16,598,225	0.391993	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,872,458	16,180,961	21,053,419	0.356971	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,856,492	10,718,067	29,574,559	0.232962	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,805,491	123,517	1,929,008	0.229409	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	7,995	6,360,152	6,368,147	0.591563	0.000000	90.00
90.01	09001	WOUND CARE	32,906	2,544,085	2,576,991	0.552549	0.000000	90.01
90.02	09002	PULMONARY REHAB	1,836	733,077	734,913	0.566493	0.000000	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	11,087,432	64,568,984	75,656,416	0.193670	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	424,214	2,489,050	2,913,264	0.818771	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	140,702,844	384,906,068	525,608,912			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	140,702,844	384,906,068	525,608,912			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2020
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
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	05602	ULTRASOUND/VASC LAB	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND CARE	0.000000			90.01
90.02	09002	PULMONARY REHAB	0.000000			90.02
90.03	09003	SPINE CENTER	0.000000			90.03
90.04	09005	RUSH HEART CENTER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/19/2021 3:32 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	503,685	0	503,685	17,458	28.85	30.00
31.00	INTENSIVE CARE UNIT	246,129		246,129	2,800	87.90	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
44.00	SKILLED NURSING FACILITY	124,132		124,132	820	151.38	44.00
200.00	Total (lines 30 through 199)	873,946		873,946	21,078		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,494	187,352				30.00
31.00	INTENSIVE CARE UNIT	1,151	101,173				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
44.00	SKILLED NURSING FACILITY	694	105,058				44.00
200.00	Total (lines 30 through 199)	8,339	393,583				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			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	547,342	53,089,847	0.010310	2,956,142	30,478	50.00
50.01	05001	ENDOSCOPY	149,791	12,317,899	0.012160	543,995	6,615	50.01
51.00	05100	RECOVERY ROOM	34,352	7,895,063	0.004351	431,665	1,878	51.00
53.00	05300	ANESTHESIOLOGY	95,096	22,688,730	0.004191	1,393,807	5,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	834,534	60,915,544	0.013700	4,632,098	63,460	54.00
56.00	05600	RADIOISOTOPE	550,587	9,603,897	0.057330	170,834	9,794	56.00
56.01	05602	ULTRASOUND/VASC LAB	133,573	10,314,298	0.012950	784,616	10,161	56.01
57.00	05700	CT SCAN	291,537	48,350,692	0.006030	4,065,250	24,513	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	216,695	85,329,749	0.002540	6,792,282	17,252	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,112	3,611,393	0.001969	498,545	982	62.00
65.00	06500	RESPIRATORY THERAPY	119,662	6,594,834	0.018145	1,472,037	26,710	65.00
66.00	06600	PHYSICAL THERAPY	84,991	5,232,236	0.016244	535,972	8,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,083	1,618,890	0.019200	396,535	7,613	67.00
68.00	06800	SPEECH PATHOLOGY	2,981	634,587	0.004698	203,910	958	68.00
69.00	06900	ELECTROCARDIOLOGY	86,150	13,111,088	0.006571	1,799,807	11,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,871	388,496	0.015112	55,873	844	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,143	16,598,225	0.001635	2,062,146	3,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,679	21,053,419	0.001837	2,470,559	4,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,964	29,574,559	0.002535	7,932,291	20,108	73.00
74.00	07400	RENAL DIALYSIS	2,544	1,929,008	0.001319	941,067	1,241	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	127,468	6,368,147	0.020016	1,833	37	90.00
90.01	09001	WOUND CARE	46,115	2,576,991	0.017895	8,073	144	90.01
90.02	09002	PULMONARY REHAB	11,545	734,913	0.015709	1,825	29	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	381,405	75,656,416	0.005041	4,202,451	21,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	62,810	2,913,264	0.021560	185,234	3,994	92.00
200.00		Total (lines 50 through 199)	3,964,030	499,102,185		44,538,847	282,280	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/19/2021 3:32 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		
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	17,458	0.00	6,494		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,800	0.00	1,151		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	820	0.00	694		44.00		
200.00	Total (lines 30 through 199)		0	0	21,078		8,339		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
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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	0	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
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: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/19/2021 3:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	53,089,847	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	12,317,899	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	7,895,063	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	22,688,730	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	60,915,544	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	9,603,897	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB		0	0	0	10,314,298	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	48,350,692	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	85,329,749	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	3,611,393	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	6,594,834	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	5,232,236	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,618,890	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	634,587	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	13,111,088	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	388,496	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	16,598,225	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	21,053,419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	29,574,559	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,929,008	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	6,368,147	0.000000	90.00
90.01	09001	WOUND CARE		0	0	0	2,576,991	0.000000	90.01
90.02	09002	PULMONARY REHAB		0	0	0	734,913	0.000000	90.02
90.03	09003	SPINE CENTER		0	0	0	0	0.000000	90.03
90.04	09005	RUSH HEART CENTER		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	75,656,416	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	2,913,264	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	499,102,185		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/19/2021 3:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		2,956,142	0	11,241,998	0	50.00
50.01	05001	ENDOSCOPY	0.000000		543,995	0	2,507,722	0	50.01
51.00	05100	RECOVERY ROOM	0.000000		431,665	0	1,733,366	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		1,393,807	0	5,024,650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		4,632,098	0	16,840,735	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		170,834	0	1,593,706	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.000000		784,616	0	1,605,112	0	56.01
57.00	05700	CT SCAN	0.000000		4,065,250	0	10,192,098	0	57.00
58.00	05800	MRI	0.000000		0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000		6,792,282	0	3,814,784	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		498,545	0	326,147	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,472,037	0	968,153	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		535,972	0	41,969	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		396,535	0	14,392	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		203,910	0	10,091	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		1,799,807	0	3,101,991	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		55,873	0	54,478	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		2,062,146	0	3,205,892	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		2,470,559	0	5,487,758	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		7,932,291	0	2,232,137	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		941,067	0	38,983	0	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		1,833	0	2,341,615	0	90.00
90.01	09001	WOUND CARE	0.000000		8,073	0	1,315,307	0	90.01
90.02	09002	PULMONARY REHAB	0.000000		1,825	0	287,617	0	90.02
90.03	09003	SPINE CENTER	0.000000		0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0.000000		0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000		4,202,451	0	7,850,225	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		185,234	0	485,708	0	92.00
200.00		Total (lines 50 through 199)			44,538,847	0	82,316,634	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/19/2021 3:32 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	0.188509	11,241,998	190	7,806	2,119,218	50.00	
50.01	05001	ENDOSCOPY	0.153586	2,507,722	6	0	385,151	50.01	
51.00	05100	RECOVERY ROOM	0.237765	1,733,366	0	0	412,134	51.00	
53.00	05300	ANESTHESIOLOGY	0.098990	5,024,650	0	0	497,390	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151663	16,840,735	0	1,706	2,554,116	54.00	
56.00	05600	RADIOISOTOPE	0.234215	1,593,706	0	0	373,270	56.00	
56.01	05602	ULTRASOUND/VASC LAB	0.125409	1,605,112	0	0	201,295	56.01	
57.00	05700	CT SCAN	0.040763	10,192,098	0	6,560	415,460	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
60.00	06000	LABORATORY	0.087891	3,814,784	14,814	0	335,285	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.179677	326,147	364	10	58,601	62.00	
65.00	06500	RESPIRATORY THERAPY	0.334334	968,153	0	0	323,686	65.00	
66.00	06600	PHYSICAL THERAPY	0.457102	41,969	0	0	19,184	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.630146	14,392	0	0	9,069	67.00	
68.00	06800	SPEECH PATHOLOGY	0.351006	10,091	0	0	3,542	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.090268	3,101,991	0	0	280,011	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.447696	54,478	0	0	24,390	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.391993	3,205,892	0	0	1,256,687	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356971	5,487,758	0	0	1,958,970	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232962	2,232,137	0	30,451	520,003	73.00	
74.00	07400	RENAL DIALYSIS	0.229409	38,983	0	0	8,943	74.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0.591563	2,341,615	0	10,236	1,385,213	90.00	
90.01	09001	WOUND CARE	0.552549	1,315,307	0	4,545	726,772	90.01	
90.02	09002	PULMONARY REHAB	0.566493	287,617	0	0	162,933	90.02	
90.03	09003	SPINE CENTER	0.000000	0	0	0	0	90.03	
90.04	09005	RUSH HEART CENTER	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.193670	7,850,225	749	0	1,520,353	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.818771	485,708	0	0	397,684	92.00	
200.00		Subtotal (see instructions)		82,316,634	16,123	61,314	15,949,360	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
		Only Charges							
202.00		Net Charges (line 200 - line 201)		82,316,634	16,123	61,314	15,949,360	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/19/2021 3:32 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	36	1,472		50.00
50.01	05001	ENDOSCOPY	1	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0		56.01
57.00	05700	CT SCAN	0	267		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	1,302	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65	2		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,094		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	6,055		90.00
90.01	09001	WOUND CARE	0	2,511		90.01
90.02	09002	PULMONARY REHAB	0	0		90.02
90.03	09003	SPINE CENTER	0	0		90.03
90.04	09005	RUSH HEART CENTER	0	0		90.04
91.00	09100	EMERGENCY	145	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	1,549	17,660		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,549	17,660		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:

Worksheet D

Component CCN: 14-5583

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/19/2021 3:32 pm

Title XVIII

Skilled Nursing
Facility

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	0.188509	0	0	22	0 50.00
50.01	05001 ENDOSCOPY	0.153586	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.237765	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.098990	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151663	0	0	5	0 54.00
56.00	05600 RADIOISOTOPE	0.234215	0	0	0	0 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.125409	0	0	0	0 56.01
57.00	05700 CT SCAN	0.040763	0	0	18	0 57.00
58.00	05800 MRI	0.000000	0	0	0	0 58.00
60.00	06000 LABORATORY	0.087891	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.179677	0	0	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	0.334334	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.457102	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.630146	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.351006	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.090268	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.447696	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.391993	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.356971	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232962	0	0	86	0 73.00
74.00	07400 RENAL DIALYSIS	0.229409	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	0.591563	0	0	29	0 90.00
90.01	09001 WOUND CARE	0.552549	0	0	13	0 90.01
90.02	09002 PULMONARY REHAB	0.566493	0	0	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0	0	0 90.03
90.04	09005 RUSH HEART CENTER	0.000000	0	0	0	0 90.04
91.00	09100 EMERGENCY	0.193670	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.818771	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	173	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	173	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:

Worksheet D

Component CCN: 14-5583

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/19/2021 3:32 pm

Title XVIII

Skilled Nursing
Facility

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	4	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700	CT SCAN	0	1	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	17	90.00
90.01	09001	WOUND CARE	0	7	90.01
90.02	09002	PULMONARY REHAB	0	0	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	50	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	50	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/19/2021 3:32 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)		17,458	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,458	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)		15,281	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,494	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)		19,128,303	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)		19,128,303	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)		19,128,303	37.00	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,095.68	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,115,346	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)		7,115,346	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

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

Worksheet D-1

Date/Time Prepared:
11/19/2021 3:32 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)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	6,373,923	2,800	2,276.40	1,151	2,620,136
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)					8,553,892
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,289,374
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					288,525
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					282,280
52.00	Total Program excludable cost (sum of lines 50 and 51)					570,805
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,718,569
	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)					2,177
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,095.68
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,385,295

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

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

Worksheet D-1

Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	503,685	19,128,303	0.026332	2,385,295	62,810
91.00	Nursing School cost	0	19,128,303	0.000000	2,385,295	0
92.00	Allied health cost	0	19,128,303	0.000000	2,385,295	0
93.00	All other Medical Education	0	19,128,303	0.000000	2,385,295	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/19/2021 3:32 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)		820	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		820	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)		820	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)		694	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)		1,834,245	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)		1,834,245	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)		1,834,245	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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/19/2021 3:32 pm
			Title XVIII	Skilled Nursing Facility	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)
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
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)				1,834,245	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				2,236.88	71.00
72.00 Program routine service cost (line 9 x line 71)				1,552,395	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)				1,552,395	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)				1,552,395	83.00
84.00 Program inpatient ancillary services (see instructions)				380,201	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)				1,932,596	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: 14-0063

Period:

Worksheet D-1

Component CCN: 14-5583

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/19/2021 3:32 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: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/19/2021 3:32 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,265,717		30.00
31.00	03100	INTENSIVE CARE UNIT		2,543,406		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.188547	2,956,142	557,372	50.00
50.01	05001	ENDOSCOPY	0.153586	543,995	83,550	50.01
51.00	05100	RECOVERY ROOM	0.237765	431,665	102,635	51.00
53.00	05300	ANESTHESIOLOGY	0.098990	1,393,807	137,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151822	4,632,098	703,254	54.00
56.00	05600	RADIOISOTOPE	0.234215	170,834	40,012	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.125409	784,616	98,398	56.01
57.00	05700	CT SCAN	0.040763	4,065,250	165,712	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.087891	6,792,282	596,980	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.179677	498,545	89,577	62.00
65.00	06500	RESPIRATORY THERAPY	0.334334	1,472,037	492,152	65.00
66.00	06600	PHYSICAL THERAPY	0.457102	535,972	244,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.630146	396,535	249,875	67.00
68.00	06800	SPEECH PATHOLOGY	0.351006	203,910	71,574	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090354	1,799,807	162,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.447696	55,873	25,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.391993	2,062,146	808,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356971	2,470,559	881,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232962	7,932,291	1,847,922	73.00
74.00	07400	RENAL DIALYSIS	0.229409	941,067	215,889	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.592340	1,833	1,086	90.00
90.01	09001	WOUND CARE	0.552787	8,073	4,463	90.01
90.02	09002	PULMONARY REHAB	0.566493	1,825	1,034	90.02
90.03	09003	SPINE CENTER	0.000000	0	0	90.03
90.04	09005	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.195095	4,202,451	819,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.818771	185,234	151,664	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		44,538,847	8,553,892	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)		44,538,847		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/19/2021 3:32 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.188547	5,618	1,059	50.00
50.01	05001 ENDOSCOPY	0.153586	0	0	50.01
51.00	05100 RECOVERY ROOM	0.237765	1,103	262	51.00
53.00	05300 ANESTHESIOLOGY	0.098990	2,770	274	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151822	6,466	982	54.00
56.00	05600 RADIOISOTOPE	0.234215	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.125409	3,360	421	56.01
57.00	05700 CT SCAN	0.040763	6,128	250	57.00
58.00	05800 MRI	0.000000	0	0	58.00
60.00	06000 LABORATORY	0.087891	74,270	6,528	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.179677	1,807	325	62.00
65.00	06500 RESPIRATORY THERAPY	0.334334	35,209	11,772	65.00
66.00	06600 PHYSICAL THERAPY	0.457102	285,191	130,361	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.630146	283,307	178,525	67.00
68.00	06800 SPEECH PATHOLOGY	0.351006	20,855	7,320	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090354	1,494	135	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.447696	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.391993	10,744	4,212	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.356971	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232962	161,699	37,670	73.00
74.00	07400 RENAL DIALYSIS	0.229409	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.592340	0	0	90.00
90.01	09001 WOUND CARE	0.552787	0	0	90.01
90.02	09002 PULMONARY REHAB	0.566493	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09005 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.195095	539	105	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.818771	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		900,560	380,201	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		900,560		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/19/2021 3:32 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			3,862,132	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			13,052,232	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			37,101	2.04
3.00	Managed Care Simulated Payments			6,530,180	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			173.99	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)			1.23	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			1.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			8.07	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.02	11.00
12.00	Current year allowable FTE (see instructions)			4.25	12.00
13.00	Total allowable FTE count for the prior year.			4.09	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.			3.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.			4.06	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			4.06	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.023335	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.025505	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.023335	21.00
22.00	IME payment adjustment (see instructions)			214,322	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			82,744	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)			6.84	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)			214,322	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			82,744	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.35	31.00
32.00	Sum of lines 30 and 31			23.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.92	33.00
34.00	Disproportionate share adjustment (see instructions)			377,191	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/19/2021 3:32 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000118450	0.000149804	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		989,126	1,241,880	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		248,633	928,858	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,177,491		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		18,720,469		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)			18,803,213	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,386,403	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).			154,910	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			185,957	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			20,530,483	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			20,530,483	61.00
62.00	Deductibles billed to program beneficiaries			1,713,288	62.00
63.00	Coinsurance billed to program beneficiaries			40,916	63.00
64.00	Allowable bad debts (see instructions)			634,935	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			412,708	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			394,235	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			19,188,987	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			-728	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			305,108	70.93
70.94	HRR adjustment amount (see instructions)			-88,454	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/19/2021 3:32 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,404,913	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		19,341,460	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		63,453	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		931,169	0	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2021 3:32 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,862,132	0	3,862,132		3,862,132
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,052,232	0		13,052,232	13,052,232
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	37,101	0		37,101	37,101
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	6,530,180	0	1,491,684	5,038,496	6,530,180
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023335	0.023335	0.023335	0.023335	
6.00	IME payment adjustment (see instructions)	22.00	214,322	0	48,937	165,385	214,322
6.01	IME payment adjustment for managed care (see instructions)	22.01	82,744	0	18,901	63,843	82,744
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	214,322	0	48,937	165,385	214,322
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	82,744	0	18,901	63,843	82,744
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0892	0.0892	0.0892	0.0892	
11.00	Disproportionate share adjustment (see instructions)	34.00	377,191	0	86,126	291,065	377,191
11.01	Uncompensated care payments	36.00	1,177,491	0	248,633	928,858	1,177,491
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	18,720,469	0	4,245,828	14,474,641	18,720,469
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,803,213	0	4,264,729	14,538,484	18,803,213
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,386,403	0	327,981	1,058,422	1,386,403

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2021 3:32 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	185,957	0	0	185,957	185,957	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	4,592,710	15,782,863	20,375,573	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	1,292,081	0	305,667	986,414	1,292,081	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	0	0	0	0	0	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	0.0234	0.0234	0.0234	0.0234		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	30,235	0	7,153	23,082	30,235	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0496	0.0496	0.0496	0.0496		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	64,087	0	15,161	48,926	64,087	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,386,403	0	327,981	1,058,422	1,386,403	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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2021 3:32 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	3,862,132	3,862,132		3,862,132	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,052,232		13,052,232	13,052,232	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	37,101		37,101	37,101	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,530,180	1,491,684	5,038,496	6,530,180	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023335	0.023335	0.023335		5.00
6.00	IME payment adjustment (see instructions)	22.00	214,322	48,937	165,385	214,322	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	82,744	18,901	63,843	82,744	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	214,322	48,937	165,385	214,322	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	82,744	18,901	63,843	82,744	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0892	0.0892	0.0892		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	377,191	86,126	291,065	377,191	11.00
11.01	Uncompensated care payments	36.00	1,177,491	248,633	928,858	1,177,491	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	18,720,469	4,245,828	14,474,641	18,720,469	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	18,803,213	4,264,729	14,538,484	18,803,213	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,386,403	327,981	1,058,422	1,386,403	16.00
17.00	Special add-on payments for new technologies	54.00	185,957	0	185,957	185,957	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			4,592,710	15,782,863	20,375,573	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2021 3:32 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	1,292,081	305,667	986,414	1,292,081	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	0	0	0	0	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	0.0234	0.0234	0.0234		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	30,235	7,153	23,082	30,235	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0496	0.0496	0.0496		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	64,087	15,161	48,926	64,087	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,386,403	327,981	1,058,422	1,386,403	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	305,108	45,689	259,419	305,108	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	-88,454	-14,290	-74,164	-88,454	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: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/19/2021 3:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,209	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,949,360	2.00
3.00	OPPS payments		13,901,662	3.00
4.00	Outlier payment (see instructions)		13,056	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)		19,209	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		77,437	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)		77,437	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)		77,437	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,228	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)		19,209	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)		13,914,718	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)		2,544,545	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)		11,389,382	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		122,233	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)		11,511,615	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		11,511,615	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)		720,700	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		468,455	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		467,151	36.00
37.00	Subtotal (see instructions)		11,980,070	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)		11,980,070	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		12,053,306	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)		-73,236	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		275,782	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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/19/2021 3:32 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		50	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		50	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		173	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)		173	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)		173	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		123	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)		50	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)		0	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)			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)		50	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)		50	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		50	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)		50	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		50	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		36	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)		14	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/19/2021 3:32 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		19,179,951		11,890,409	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/22/2021	161,509	03/22/2021	162,897	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)		161,509		162,897	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)		19,341,460		12,053,306	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		63,453		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		73,236	6.02
7.00	Total Medicare program liability (see instructions)		19,404,913		11,980,070	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: 14-0063

Period:

Worksheet E-1

Component CCN: 14-5583

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/19/2021 3:32 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		371,405		36	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)		371,405		36	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		14	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		371,405		50	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: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/19/2021 3:32 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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 11/19/2021 3:32 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)			395,869 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)			395,869 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			24,464 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)			371,405 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)			371,405 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			371,405 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: 14-0063		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/19/2021 3:32 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.					1.42	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					0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					8.07	6.00
7.00	Enter the lesser of line 5 or line 6					1.06	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.	0.08		6.93		7.01	
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.	0.01		0.91		0.92	
10.00	Weighted dental and podiatric resident FTE count for the current year			3.02		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	0.01		3.93		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00		3.73		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00		3.38		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00		3.68		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	0.00		3.68		17.00	
18.00	Per resident amount	125,701.24		125,701.24		18.00	
19.00	Approved amount for resident costs	0		462,581		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	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					7.01	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	
24.00	Multiply line 22 time line 23					0	
25.00	Total direct GME amount (sum of lines 19 and 24)					462,581	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,645		1,675		1,648	
27.00	Total Inpatient Days (see instructions)	18,081		18,081		18,081	
28.00	Ratio of inpatient days to total inpatient days	0.422820		0.092639		0.091145	
29.00	Program direct GME amount	195,588		42,853		42,162	
29.01	Percent reduction for MA DGME			4.07		4.07	
30.00	Reduction for direct GME payments for Medicare Advantage			1,744		1,716	
31.00	Net Program direct GME amount					277,143	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/19/2021 3:32 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)			1,929,008	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			20,237,638	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			20,237,638	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,968,619	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,968,619	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			36,206,257	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.558954	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.441046	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			277,143	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			154,910	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			122,233	50.00

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

Provider CCN: 14-0063

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

Worksheet G

Date/Time Prepared:
11/19/2021 3:32 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	37,843,372	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	51,279,619	0	0	0	4.00
5.00	Other receivable	195,889	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,893,517	0	0	0	6.00
7.00	Inventory	4,191,552	0	0	0	7.00
8.00	Prepaid expenses	205,979	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-4,302,209	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	59,520,685	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,335,216	0	0	0	12.00
13.00	Land improvements	2,144,790	0	0	0	13.00
14.00	Accumulated depreciation	-1,646,745	0	0	0	14.00
15.00	Buildings	77,297,518	0	0	0	15.00
16.00	Accumulated depreciation	-29,356,101	0	0	0	16.00
17.00	Leasehold improvements	63,768	0	0	0	17.00
18.00	Accumulated depreciation	-59,783	0	0	0	18.00
19.00	Fixed equipment	46,459,744	0	0	0	19.00
20.00	Accumulated depreciation	-34,986,460	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	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)	71,251,947	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	45,348,754	0	0	0	31.00
32.00	Deposits on leases	57,103	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,047,231	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	57,453,088	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	188,225,720	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,671,570	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	44,180,755	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,852,325	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	18,748,822	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,748,822	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	65,601,147	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	122,624,573				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	122,624,573	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	188,225,720	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0063

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

Worksheet G-1

Date/Time Prepared:
11/19/2021 3:32 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		94,052,149		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		28,377,618				2.00
3.00	Total (sum of line 1 and line 2)		122,429,767		0		3.00
4.00	UNRESTRICTED NET ASSETS	0		0		0	4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED N	194,804		0		0	5.00
6.00	ROUNDING	2		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)		194,806		0		10.00
11.00	Subtotal (line 3 plus line 10)		122,624,573		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)		122,624,573		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	UNRESTRICTED NET ASSETS		0				4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED N		0				5.00
6.00	ROUNDING		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: 14-0063

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/19/2021 3:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,750,462		19,750,462	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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	487,900		487,900	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)	20,238,362		20,238,362	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,268,365		6,268,365	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)	6,268,365		6,268,365	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,506,727		26,506,727	17.00
18.00	Ancillary services	102,641,733	308,210,721	410,852,454	18.00
19.00	Outpatient services	11,554,384	76,695,348	88,249,732	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	0	39,835,139	39,835,139	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	140,702,844	424,741,208	565,444,052	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		148,801,767		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)		148,801,767		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0063

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

Worksheet G-3

Date/Time Prepared:
11/19/2021 3:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	565,444,052	1.00
2.00	Less contractual allowances and discounts on patients' accounts	404,891,092	2.00
3.00	Net patient revenues (line 1 minus line 2)	160,552,960	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	148,801,767	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,751,193	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	25,319,044	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	25,319,044	25.00
26.00	Total (line 5 plus line 25)	37,070,237	26.00
27.00	BAD DEBTS	8,692,619	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,692,619	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,377,618	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0063	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/19/2021 3:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,292,081	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		49.54	3.00
4.00	Number of interns & residents (see instructions)		4.06	4.00
5.00	Indirect medical education percentage (see instructions)		2.34	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)		30,235	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.35	8.00
9.00	Sum of lines 7 and 8		23.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.96	10.00
11.00	Disproportionate share adjustment (see instructions)		64,087	11.00
12.00	Total prospective capital payments (see instructions)		1,386,403	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