

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: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/24/2022 5:56 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/24/2022	Time: 5:56 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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER (14-0064) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	23,278	-38,308	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	23,278	-38,308	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: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 5:56 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3333 N SEMINARY			PO Box:				1.00			
2.00	City: GALESBURG			State: IL		Zip Code: 61401		County: KNOX			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020		09/30/2021		20.00
21.00	Type of Control (see instructions)						1				21.00
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	583	518	0	0	2,158	136	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					10/01/2020	09/30/2021	38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 5:56 pm			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00		
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 5:56 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		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			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
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 5:56 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.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
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.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 5:56 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	42,803	600,000	119,143118.01
		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	Y	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)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 5:56 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: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:			
143.00	City: PEORIA	State: IL		Zip Code: 61603	
					1.00
144.00 Are provider based physicians' costs included in Worksheet A?					Y
					1.00
					2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				
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
					1.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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
					1.00
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99
				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)				
				1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N
					0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/24/2022 5:56 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	02/15/2022 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 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 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2021	Y 12/14/2021 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 5:56 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA.C.ROBINSON@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 5:56 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.	GOVERNMENT REPORTING SENIOR ANALYST	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 5:56 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	75	27,375	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)		75	27,375	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		81	29,565	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		81			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 5:56 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)	5,087	343	12,414			1.00
2.00	HMO and other (see instructions)	3,519	2,676				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,087	343	12,414			7.00
8.00	INTENSIVE CARE UNIT	699	58	1,843			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		182	1,009			13.00
14.00	Total (see instructions)	5,786	583	15,266	0.00	414.95	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	414.95	27.00
28.00	Observation Bed Days		311	1,610			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	136	220			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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 5:56 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	1,278	108	3,574	1.00
2.00 HMO and other (see instructions)			727	652		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	1,278	108	3,574	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/24/2022 5:56 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	27,894,238	725,234	28,619,472	863,112.00	33.16
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,722,456	0	1,722,456	13,698.00	125.75
4.00	Physician-Part A - Administrative		145,412	0	145,412	713.00	203.94
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		66,970	0	66,970	353.00	189.72
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)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		69,169	145,895	215,064	6,950.00	30.94
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		546,217	0	546,217	4,371.00	124.96
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		12,600	0	12,600	88.00	143.18
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		6,612,658	0	6,612,658	174,907.00	37.81
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)		7,864,816	0	7,864,816		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		64,498	0	64,498		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		216,328	0	216,328		
22.00	Physician Part A - Administrative		11,838	0	11,838		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		5,852	0	5,852		
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)		2,424,806	0	2,424,806		
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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/24/2022 5:56 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	668,810	-663,475	5,335	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,664,746	67,107	1,731,853	40,432.00	42.83	27.00
28.00	Administrative & General under contract (see inst.)		483,657	0	483,657	3,409.00	141.88	28.00
29.00	Maintenance & Repairs	6.00	493,949	3,871	497,820	21,298.00	23.37	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	720,446	18,863	739,309	49,108.00	15.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	596,222	-322,692	273,530	15,443.00	17.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	340,356	340,356	20,543.00	16.57	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	787,796	80,717	868,513	16,120.00	53.88	38.00
39.00	Central Services and Supply	14.00	0	125,190	125,190	7,736.00	16.18	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	147,287	1,155	148,442	8,358.00	17.76	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/24/2022 5:56 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)	26,588,469	725,234	27,313,703	852,470.00	32.04	1.00
2.00	Excluded area salaries (see instructions)	69,169	145,895	215,064	6,950.00	30.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,519,300	579,339	27,098,639	845,520.00	32.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,171,475	0	7,171,475	179,366.00	39.98	4.00
5.00	Subtotal wage-related costs (see inst.)	10,301,460	0	10,301,460	0.00	38.01	5.00
6.00	Total (sum of lines 3 thru 5)	43,992,235	579,339	44,571,574	1,024,886.00	43.49	6.00
7.00	Total overhead cost (see instructions)	5,562,913	-348,908	5,214,005	182,447.00	28.58	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
2/24/2022 5:56 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,159,076	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)	327,772	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)	4,475,851	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	49,882	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	145,770	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	1,940,588	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	11	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	64,453	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,163,403	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/24/2022 5:56 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	546,217	0	1.00
2.00	Hospital	546,217	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-10

Date/Time Prepared:
2/24/2022 5:56 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)		0.168559	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		8,367,468	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?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		85,795,076	6.00
7.00	Medicaid cost (line 1 times line 6)		14,461,532	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)		6,094,064	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)		6,094,064	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,860,124	1,087,676	8,947,800
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,324,895	1,087,676	2,412,571
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,324,895	1,087,676	2,412,571
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,703,232	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		210,773	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		324,266	27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,378,966	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		683,048	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,095,619	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,189,683	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/24/2022 5:56 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		2,574,381	2,574,381	77,958	2,652,339	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,987,307	1,987,307	39,648	2,026,955	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	668,810	7,938,810	8,607,620	72,225	8,679,845	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,664,746	19,029,305	20,694,051	-1,768,513	18,925,538	5.00
6.00	00600	MAINTENANCE & REPAIRS	493,949	2,347,402	2,841,351	-1,591,124	1,250,227	6.00
7.00	00700	OPERATION OF PLANT	0	1,038,475	1,038,475	0	1,038,475	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	248,770	248,770	0	248,770	8.00
9.00	00900	HOUSEKEEPING	720,446	263,414	983,860	20,573	1,004,433	9.00
10.00	01000	DIETARY	596,222	415,283	1,011,505	-559,758	451,747	10.00
11.00	01100	CAFETERIA	0	0	0	577,422	577,422	11.00
13.00	01300	NURSING ADMINISTRATION	787,796	7,269	795,065	80,717	875,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-132,913	-132,913	125,190	-7,723	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	147,287	7,716	155,003	1,155	156,158	16.00
17.00	01700	SOCIAL SERVICE	0	61	61	741,354	741,415	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,610,682	0	1,610,682	145,245	1,755,927	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,980,826	3,706,388	10,687,214	-1,292,735	9,394,479	30.00
31.00	03100	INTENSIVE CARE UNIT	1,291,885	753,041	2,044,926	20,132	2,065,058	31.00
43.00	04300	NURSERY	0	0	0	405,564	405,564	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,725,276	3,760,956	5,486,232	-3,300,029	2,186,203	50.00
51.00	05100	RECOVERY ROOM	1,107,233	112,219	1,219,452	22,946	1,242,398	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	800,690	800,690	52.00
53.00	05300	ANESTHESIOLOGY	36,811	1,550,851	1,587,662	0	1,587,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,361,143	150,195	1,511,338	1,662,564	3,173,902	54.00
56.00	05600	RADIOISOTOPE	155,542	288,513	444,055	2,720	446,775	56.00
57.00	05700	CT SCAN	384,605	404,477	789,082	-12,749	776,333	57.00
58.00	05800	MRI	285,274	48,266	333,540	4,876	338,416	58.00
60.00	06000	LABORATORY	1,614,725	1,627,344	3,242,069	158,171	3,400,240	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	417,691	417,691	0	417,691	63.00
65.00	06500	RESPIRATORY THERAPY	643,448	226,193	869,641	-78,796	790,845	65.00
65.10	06501	CARDIAC STRESS LAB	322,167	-32,353	289,814	5,151	294,965	65.10
65.20	06502	CARDIAC REHAB	219,098	5,613	224,711	-174,233	50,478	65.20
66.00	06600	PHYSICAL THERAPY	897,064	52,635	949,699	-2,759	946,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	207,824	8,283	216,107	40,958	257,065	67.00
68.00	06800	SPEECH PATHOLOGY	142,650	7,409	150,059	28,427	178,486	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	89,691	89,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,679	0	10,679	84	10,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,757,156	1,757,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,606,560	1,606,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	848,261	4,605,367	5,453,628	193,529	5,647,157	73.00
76.00	03610	SLEEP LAB	132,880	25,199	158,079	3,292	161,371	76.00
76.01	03020	PAIN CLINIC	45,609	299,600	345,209	-56,825	288,384	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,722,131	2,689,386	5,411,517	-32,868	5,378,649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,825,069	56,432,553	84,257,622	-186,391	84,071,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,930	27,730	89,660	6,633	96,293	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,378	1,378	0	1,378	192.00
193.00	19300	NONPAID WORKERS	0	5,596	5,596	0	5,596	193.00
194.00	07950	FOUNDATION AND OTHER	7,239	366,024	373,263	57	373,320	194.00
194.01	07951	FITNESS CENTER	0	0	0	179,701	179,701	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	27,894,238	56,833,281	84,727,519	0	84,727,519	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	279,554	2,931,893	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,254,517	3,281,472	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	196,549	8,876,394	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,177,082	12,748,456	5.00
6.00	00600	MAINTENANCE & REPAIRS	-83,175	1,167,052	6.00
7.00	00700	OPERATION OF PLANT	0	1,038,475	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	248,770	8.00
9.00	00900	HOUSEKEEPING	0	1,004,433	9.00
10.00	01000	DIETARY	0	451,747	10.00
11.00	01100	CAFETERIA	-185,143	392,279	11.00
13.00	01300	NURSING ADMINISTRATION	850,742	1,726,524	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-7,723	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-24,230	131,928	16.00
17.00	01700	SOCIAL SERVICE	321,271	1,062,686	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,755,927	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,227,571	8,166,908	30.00
31.00	03100	INTENSIVE CARE UNIT	-12,000	2,053,058	31.00
43.00	04300	NURSERY	0	405,564	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,186,203	50.00
51.00	05100	RECOVERY ROOM	-2,500	1,239,898	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	800,690	52.00
53.00	05300	ANESTHESIOLOGY	-1,268,375	319,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20,556	3,153,346	54.00
56.00	05600	RADIOISOTOPE	0	446,775	56.00
57.00	05700	CT SCAN	0	776,333	57.00
58.00	05800	MRI	0	338,416	58.00
60.00	06000	LABORATORY	-1,616	3,398,624	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	417,691	63.00
65.00	06500	RESPIRATORY THERAPY	-12,000	778,845	65.00
65.10	06501	CARDIAC STRESS LAB	0	294,965	65.10
65.20	06502	CARDIAC REHAB	-2,821	47,657	65.20
66.00	06600	PHYSICAL THERAPY	-5,531	941,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	257,065	67.00
68.00	06800	SPEECH PATHOLOGY	0	178,486	68.00
69.00	06900	ELECTROCARDIOLOGY	0	89,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,757,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,606,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-75,416	5,571,741	73.00
76.00	03610	SLEEP LAB	0	161,371	76.00
76.01	03020	PAIN CLINIC	-240,000	48,384	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,862,429	3,516,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,053,739	74,017,492	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,293	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,378	192.00
193.00	19300	NONPAID WORKERS	0	5,596	193.00
194.00	07950	FOUNDATION AND OTHER	0	373,320	194.00
194.01	07951	FITNESS CENTER	0	179,701	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,053,739	74,673,780	200.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 5:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INS AND TAX					
1.00	OTHER CAP REL COSTS	3.00	0	117,606		1.00
2.00		0.00	0	0		2.00
	0		0	117,606		
	B - CAFETERIA - DIETARY					
1.00	CAFETERIA	11.00	340,356	237,066		1.00
	0		340,356	237,066		
	D - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	24,778	3,577		1.00
2.00	SPEECH PATHOLOGY	68.00	17,205	2,484		2.00
	0		41,983	6,061		
	E - EKG SALARY					
1.00	ELECTROCARDIOLOGY	69.00	89,691	0		1.00
	0		89,691	0		
	F - IMPLANTABLE MEDICAL DEVICE					
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,606,560		1.00
2.00	PATIENTS	0.00	0	0		2.00
	0		0	1,606,560		
	G - MSCPT					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	1,757,156		1.00
2.00	PATIENT	0.00	0	0		2.00
	0		0	1,757,156		
	H - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	77,473		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
	0		0	77,473		
	I - SHORT TERM DISABILITY					
1.00	HOUSEKEEPING	9.00	0	1,710		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,038		2.00
3.00	NONPHYSICIAN ANESTHETISTS	19.00	0	33,471		3.00
4.00	LABORATORY	60.00	0	6,501		4.00
5.00	CARDIAC REHAB	65.20	0	401		5.00
6.00	SPEECH PATHOLOGY	68.00	0	938		6.00
7.00	EMERGENCY	91.00	0	770		7.00
	0		0	46,829		
	J - CARDIO PULMONARY REHAB					
1.00	FITNESS CENTER	194.01	139,205	40,496		1.00
	0		139,205	40,496		
	K - ALTERNATIVE BIRTHING CENTER					
1.00	NURSERY	43.00	383,090	22,474		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	756,320	44,370		2.00
	0		1,139,410	66,844		
	L - OTHER BENEFITS					
1.00		0.00	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	192,297	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	3,871	0		3.00
4.00	HOUSEKEEPING	9.00	20,573	0		4.00
5.00	DIETARY	10.00	17,664	0		5.00
6.00	NURSING ADMINISTRATION	13.00	80,717	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	1,155	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	142,645	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	20,854	0		9.00
10.00	OPERATING ROOM	50.00	47,497	0		10.00
11.00	RECOVERY ROOM	51.00	22,946	0		11.00
12.00	NONPHYSICIAN ANESTHETISTS	19.00	145,245	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	28,597	0		13.00
14.00	RADIOISOTOPE	56.00	2,720	0		14.00
15.00	CT SCAN	57.00	7,890	0		15.00
16.00	MRI	58.00	5,237	0		16.00
17.00	LABORATORY	60.00	42,235	0		17.00
18.00	RESPIRATORY THERAPY	65.00	10,895	0		18.00
19.00	CARDIAC STRESS LAB	65.10	5,151	0		19.00
20.00	CARDIAC REHAB	65.20	5,468	0		20.00
21.00	PHYSICAL THERAPY	66.00	7,034	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	1,630	0		22.00
23.00	SPEECH PATHOLOGY	68.00	1,119	0		23.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 5:56 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	84	0	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	6,651	0	25.00
26.00	SLEEP LAB	76.00	3,292	0	26.00
27.00	PAIN CLINIC	76.01	358	0	27.00
28.00	EMERGENCY	91.00	55,339	0	28.00
29.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	6,633	0	29.00
30.00	FOUNDATION AND OTHER	194.00	57	0	30.00
			885,854	0	
M - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	880,092	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	156,380	2.00
3.00	PHYSICAL THERAPY	66.00	0	48,220	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	10,973	4.00
5.00	SPEECH PATHOLOGY	68.00	0	7,619	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	109,405	6.00
7.00	SOCIAL SERVICE	17.00	0	741,354	7.00
			0	1,954,043	
N - MINISTRY OSFMG					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	218,215	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	218,215	
O - CONTRACT LABOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,814	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
	TOTALS		0	17,814	
P - PCI COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,635,272	1.00
2.00	LABORATORY	60.00	0	116,103	2.00
			0	1,751,375	
Q - OSFMG HOSP AND PALL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	74,451	1.00
2.00	ADULTS & PEDIATRICS	30.00	529,380	0	2.00
			529,380	74,451	
R - TO RECLASS CENTRAL SUPPLY COST					
1.00	CENTRAL SERVICES & SUPPLY	14.00	125,190	0	1.00
			125,190	0	
S - OSFMG ED					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,536	1.00
2.00	EMERGENCY	91.00	20,304	0	2.00
			20,304	3,536	
500.00	Grand Total: Increases		3,311,373	7,975,525	500.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 5:56 pm

	Decreases							2/24/2022 5:36 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PROPERTY INS AND TAX							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	111,123	12			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,483	13			2.00
			0	117,606				
	B - CAFETERIA - DIETARY							
1.00	DIETARY	10.00	340,356	237,066	0			1.00
			340,356	237,066				
	D - REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	41,983	6,061	0			1.00
2.00		0.00	0	0	0			2.00
			41,983	6,061				
	E - EKG SALARY							
1.00	RESPIRATORY THERAPY	65.00	89,691	0	0			1.00
			89,691	0				
	F - IMPLANTABLE MEDICAL DEVICE							
1.00	OPERATING ROOM	50.00	0	1,606,312	0			1.00
2.00	EMERGENCY	91.00	0	248	0			2.00
			0	1,606,560				
	G - MSCTP							
1.00	OPERATING ROOM	50.00	0	1,700,557	0			1.00
2.00	PAIN CLINIC	76.01	0	56,599	0			2.00
			0	1,757,156				
	H - DRUGS CHARGED TO PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	1,298	0			1.00
2.00	OPERATING ROOM	50.00	0	38,408	0			2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,305	0			3.00
4.00	CT SCAN	57.00	0	20,639	0			4.00
5.00	MRI	58.00	0	361	0			5.00
6.00	LABORATORY	60.00	0	167	0			6.00
7.00	PAIN CLINIC	76.01	0	579	0			7.00
8.00	EMERGENCY	91.00	0	14,716	0			8.00
			0	77,473				
	I - SHORT TERM DISABILITY							
1.00	HOUSEKEEPING	9.00	1,710	0	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	3,038	0	0			2.00
3.00	NONPHYSICIAN ANESTHETISTS	19.00	33,471	0	0			3.00
4.00	LABORATORY	60.00	6,501	0	0			4.00
5.00	CARDIAC REHAB	65.20	401	0	0			5.00
6.00	SPEECH PATHOLOGY	68.00	938	0	0			6.00
7.00	EMERGENCY	91.00	770	0	0			7.00
			46,829	0				
	J - CARDIO PULMONARY REHAB							
1.00	CARDIAC REHAB	65.20	139,205	40,496	0			1.00
			139,205	40,496				
	K - ALTERNATIVE BIRTHING CENTER							
1.00	ADULTS & PEDIATRICS	30.00	1,139,410	66,844	0			1.00
2.00		0.00	0	0	0			2.00
			1,139,410	66,844				
	L - OTHER BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	663,475	222,379	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00
15.00		0.00	0	0	0			15.00
16.00		0.00	0	0	0			16.00
17.00		0.00	0	0	0			17.00
18.00		0.00	0	0	0			18.00
19.00		0.00	0	0	0			19.00
20.00		0.00	0	0	0			20.00
21.00		0.00	0	0	0			21.00
22.00		0.00	0	0	0			22.00
23.00		0.00	0	0	0			23.00
24.00		0.00	0	0	0			24.00
25.00		0.00	0	0	0			25.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 5:56 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
0			663,475	222,379		
M - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,954,043	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
0				1,954,043		
N - MINISTRY OSFMG						
1.00	ADULTS & PEDIATRICS	30.00	0	149,894	0	1.00
2.00	EMERGENCY	91.00	0	68,321	0	2.00
	TOTALS		0	218,215		
O - CONTRACT LABOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	3,483	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	722	0	2.00
3.00	OPERATING ROOM	50.00	0	2,249	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	9,969	0	4.00
5.00	PAIN CLINIC	76.01	0	5	0	5.00
6.00	EMERGENCY	91.00	0	1,386	0	6.00
	TOTALS		0	17,814		
P - PCI COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,751,375	0	1.00
2.00		0.00	0	0	0	2.00
0			0	1,751,375		
Q - OSFMG HOSP AND PALL						
1.00	ADULTS & PEDIATRICS	30.00	0	603,831	0	1.00
2.00		0.00	0	0	0	2.00
0			0	603,831		
R - TO RECLASS CENTRAL SUPPLY COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	125,190	0	0	1.00
0			125,190	0		
S - OSFMG ED						
1.00	EMERGENCY	91.00	0	23,840	0	1.00
2.00		0.00	0	0	0	2.00
0			0	23,840		
500.00	Grand Total: Decreases		2,586,139	8,700,759		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	314,848	0	0	0	0	1.00	
2.00	Land Improvements	956,280	0	0	0	0	2.00	
3.00	Buildings and Fixtures	62,571,148	234,828	0	234,828	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	30,255,282	1,556,408	0	1,556,408	0	5.00	
6.00	Movable Equipment	129,130	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	94,226,688	1,791,236	0	1,791,236	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	94,226,688	1,791,236	0	1,791,236	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	314,848	0				1.00	
2.00	Land Improvements	956,280	0				2.00	
3.00	Buildings and Fixtures	62,805,976	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	31,811,690	0				5.00	
6.00	Movable Equipment	129,130	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	96,017,924	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	96,017,924	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/24/2022 5:56 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	2,574,381	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,987,307	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,561,688	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,574,381				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,987,307				2.00
3.00	Total (sum of lines 1-2)	0	4,561,688				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/24/2022 5:56 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	62,805,975	0	62,805,975	0.662882	73,661	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,940,820	0	31,940,820	0.337118	37,462	2.00
3.00	Total (sum of lines 1-2)	94,746,795	0	94,746,795	1.000000	111,123	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	4,297	0	77,958	2,853,935	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,186	0	39,648	3,241,824	0	2.00
3.00	Total (sum of lines 1-2)	6,483	0	117,606	6,095,759	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	73,661	4,297	0	2,931,893	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	37,462	2,186	0	3,281,472	2.00
3.00	Total (sum of lines 1-2)	0	111,123	6,483	0	6,213,365	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,621,316			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-469,968			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-180,348	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	B		0DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-8,292	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.01
20.00	Vending machines	B	-4,795	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-38,123	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	867,336	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	393,750	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	-1,722,456	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/24/2022 5:56 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PHARMACY 340B	A	-82,884	DRUGS CHARGED TO PATIENTS	73.00	0	33.00
37.06	DPA PROVIDER TAX	A	-4,292,824	ADMINISTRATIVE & GENERAL	5.00	0	37.06
37.07	PHYS OFFICE AND RENT	B	-4,349	ADMINISTRATIVE & GENERAL	5.00	0	37.07
37.09	COMMUNITY HEALTH EDUCATION	B	-5,172	ADMINISTRATIVE & GENERAL	5.00	0	37.09
37.10	SHORT TERM DIS - CRNA COST	A	-33,471	NONPHYSICIAN ANESTHETISTS	19.00	0	37.10
37.11	PART B EMPLOYEE BENEFITS - CRNA	A	-241,789	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.11
37.13	PART B EMPLOYEE BENEFIT	A	-5,871	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.13
37.14	IHA, AHA, CHA DUES	A	-22,377	ADMINISTRATIVE & GENERAL	5.00	0	37.14
37.15	OSFMG OUTSIDE TRAINING SESSIONS	A	-13,822	ADULTS & PEDIATRICS	30.00	0	37.15
37.16	PHYSICAL THERAPY	B	-2	PHYSICAL THERAPY	66.00	0	37.16
37.17	OTHER REVENUE - ADMIN AND GENERAL	B	-981	ADMINISTRATIVE & GENERAL	5.00	0	37.17
37.18	VENDING MACHINE REVENUES	B	-191	EMERGENCY	91.00	0	37.18
37.20	CARDIAC REHAB	B	-2,821	CARDIAC REHAB	65.20	0	37.20
37.21	RECRUITING EXPENSES - ADMIN	A	-82	ADMINISTRATIVE & GENERAL	5.00	0	37.21
37.22	RECRUITING EXPENSES - A&P	A	-2,700	ADULTS & PEDIATRICS	30.00	0	37.22
37.23	RECRUITING EXPENSES - ER	A	-900	EMERGENCY	91.00	0	37.23
38.00	RECRUITING EXPENSES - RECOVERY	A	-2,500	RECOVERY ROOM	51.00	0	38.00
39.00	RECRUITING EXPENSES - INTENSIVE CARE	A	-1,000	LABORATORY	60.00	0	39.00
40.00	OCCUPATIONAL MEDICINE	A	-15,535	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
45.00	PENSION COST	A	459,744	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.00
46.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.00
47.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.01
47.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.02
47.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,053,739				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-1

Date/Time Prepared:
2/24/2022 5:56 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	208,549	796,331	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - EQUIPMENT	860,767	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY POOLED EB	880,092	880,092	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY POOLED A&G	5,232,927	8,943,623	3.01
3.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY- OSFMG OVERHEAD	218,215	218,215	3.03
3.04	7.00	OPERATION OF PLANT	MINISTRY POOLED ENGINEERIN	156,380	156,380	3.04
3.05	31.00	INTENSIVE CARE UNIT	MINISTRY POOLED EICU	188,794	188,794	3.05
3.06	66.00	PHYSICAL THERAPY	MINISTRY POOLED REHAB PT	48,220	48,220	3.06
3.07	67.00	OCCUPATIONAL THERAPY	MINISTRY POOLED REHAB OT	10,973	10,973	3.07
3.08	68.00	SPEECH PATHOLOGY	MINISTRY POOLED REHAB ST	7,619	7,619	3.08
3.09	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY POOLED PHARMACY	523,667	523,667	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL - REV CY	3,609,265	2,619,368	3.10
4.00	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY FUNCTIONAL PHARMAC	7,468	0	4.00
4.03	13.00	NURSING ADMINISTRATION	MINISTRY FUNCTIONAL NURSING	850,742	0	4.03
4.04	17.00	SOCIAL SERVICE	MINISTRY FUNCTIONAL CARE MGM	1,062,625	741,354	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL CARE & S	901,853	0	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI - ENGINEERING	335,881	352,675	4.06
4.07	6.00	MAINTENANCE & REPAIRS	SFI / PCI - IMAGINE	1,557,402	1,635,272	4.07
4.08	66.00	PHYSICAL THERAPY	SFI / PCI - LAB	110,574	116,103	4.08
4.09	60.00	LABORATORY	SYSTEMS LAB	1,488,814	1,488,814	4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI - EQUIPMENT RENTAL	6,631	10,393	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	PCI / SFI - CREDENTIALING	112,965	107,193	4.11
4.12	6.00	MAINTENANCE & REPAIRS	PCI / SFI - BIOMED	9,299	14,604	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,389,722	18,859,690	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B	OSF HEALTHCARE SYSTEMS	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-1

Date/Time Prepared:
2/24/2022 5:56 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-587,782	9		1.00
2.00	860,767	9		2.00
3.00	0	0		3.00
3.01	-3,710,696	0		3.01
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	989,897	0		3.10
4.00	7,468	0		4.00
4.03	850,742	0		4.03
4.04	321,271	0		4.04
4.05	901,853	0		4.05
4.06	-16,794	0		4.06
4.07	-77,870	0		4.07
4.08	-5,529	0		4.08
4.09	0	0		4.09
4.10	-3,762	0		4.10
4.11	5,772	0		4.11
4.12	-5,305	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
5.00	-469,968			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	CATHOLIC SYSTEM	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/24/2022 5:56 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	16.00	MEDICAL RECORDS & LIBRARY	15,938	15,938	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,211,049	1,211,049	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,268,375	1,268,375	0	0	0	3.00
4.00	60.00	LABORATORY	616	616	0	0	0	4.00
5.00	76.01	PAIN CLINIC	240,000	240,000	0	0	0	5.00
6.00	91.00	EMERGENCY	1,861,338	1,861,338	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	12,000	12,000	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	12,000	12,000	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,621,316	4,621,316	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	76.01	PAIN CLINIC	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	15,938		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,211,049		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,268,375		3.00
4.00	60.00	LABORATORY	0	0	0	616		4.00
5.00	76.01	PAIN CLINIC	0	0	0	240,000		5.00
6.00	91.00	EMERGENCY	0	0	0	1,861,338		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	12,000		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	12,000		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,621,316		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,931,893	2,931,893				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,281,472		3,281,472			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,876,394	8,375	0	8,884,769		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,748,456	535,974	1,083,703	571,221	14,939,354	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,167,052	460,393	9,913	164,056	1,801,414	6.00
7.00	00700	OPERATION OF PLANT	1,038,475	172,446	81,184	0	1,292,105	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	248,770	14,278	0	0	263,048	8.00
9.00	00900	HOUSEKEEPING	1,004,433	16,918	10,147	243,638	1,275,136	9.00
10.00	01000	DIETARY	451,747	56,255	24,760	90,141	622,903	10.00
11.00	01100	CAFETERIA	392,279	37,699	5,794	112,164	547,936	11.00
13.00	01300	NURSING ADMINISTRATION	1,726,524	10,845	222,292	286,217	2,245,878	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,723	13,381	0	40,764	46,422	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	131,928	11,886	438	43,666	187,918	16.00
17.00	01700	SOCIAL SERVICE	1,062,686	0	0	0	1,062,686	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,166,908	335,945	61,076	2,143,439	10,707,368	30.00
31.00	03100	INTENSIVE CARE UNIT	2,053,058	78,102	8,267	432,611	2,572,038	31.00
43.00	04300	NURSERY	405,564	29,415	19,492	126,247	580,718	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,186,203	278,272	985,312	584,214	4,034,001	50.00
51.00	05100	RECOVERY ROOM	1,239,898	100,664	11,068	372,448	1,724,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	800,690	57,088	38,483	249,244	1,145,505	52.00
53.00	05300	ANESTHESIOLOGY	319,287	5,137	26,022	48,966	399,412	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,153,346	102,601	120,368	457,986	3,834,301	54.00
56.00	05600	RADIOISOTOPE	446,775	7,165	642	52,155	506,737	56.00
57.00	05700	CT SCAN	776,333	13,277	192,477	129,346	1,111,433	57.00
58.00	05800	MRI	338,416	13,914	131,535	95,737	579,602	58.00
60.00	06000	LABORATORY	3,398,624	72,562	79,336	543,905	4,094,427	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	417,691	0	0	0	417,691	63.00
65.00	06500	RESPIRATORY THERAPY	778,845	16,866	43,626	186,080	1,025,417	65.00
65.10	06501	CARDIAC STRESS LAB	294,965	31,002	24,768	107,867	458,602	65.10
65.20	06502	CARDIAC REHAB	47,657	3,004	0	28,000	78,661	65.20
66.00	06600	PHYSICAL THERAPY	941,409	120,261	14,014	284,108	1,359,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	257,065	34,955	88	77,191	369,299	67.00
68.00	06800	SPEECH PATHOLOGY	178,486	32,640	61	52,740	263,927	68.00
69.00	06900	ELECTROCARDIOLOGY	89,691	1,456	0	29,557	120,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,763	0	6,561	3,547	20,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,757,156	0	0	0	1,757,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,606,560	0	0	0	1,606,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,571,741	21,834	35,498	281,735	5,910,808	73.00
76.00	03610	SLEEP LAB	161,371	12,211	1,271	44,875	219,728	76.00
76.01	03020	PAIN CLINIC	48,384	7,997	0	15,148	71,529	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,516,220	116,568	42,901	914,882	4,590,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,017,492	2,831,386	3,281,097	8,813,895	73,845,736	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,293	9,506	0	22,595	128,394	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,378	0	0	0	1,378	192.00
193.00	19300	NONPAID WORKERS	5,596	56,502	375	0	62,473	193.00
194.00	07950	FOUNDATION AND OTHER	373,320	11,209	0	2,404	386,933	194.00
194.01	07951	FITNESS CENTER	179,701	23,290	0	45,875	248,866	194.01
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)	74,673,780	2,931,893	3,281,472	8,884,769	74,673,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,939,354					5.00
6.00	00600	MAINTENANCE & REPAIRS	450,526	2,251,940				6.00
7.00	00700	OPERATION OF PLANT	323,150	201,509	1,816,764			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,787	16,685	14,783	360,303		8.00
9.00	00900	HOUSEKEEPING	318,906	19,769	17,517	0	1,631,328	9.00
10.00	01000	DIETARY	155,786	65,736	58,245	0	53,246	10.00
11.00	01100	CAFETERIA	137,037	44,052	39,032	0	35,682	11.00
13.00	01300	NURSING ADMINISTRATION	561,685	12,673	11,229	0	10,265	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,610	15,636	13,854	0	12,665	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,998	13,889	12,306	0	11,250	16.00
17.00	01700	SOCIAL SERVICE	265,774	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,677,883	392,563	347,826	53,668	317,979	30.00
31.00	03100	INTENSIVE CARE UNIT	643,256	91,265	80,864	18,015	73,925	31.00
43.00	04300	NURSERY	145,235	34,372	30,455	3,981	27,842	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,008,888	325,170	288,114	77,826	263,389	50.00
51.00	05100	RECOVERY ROOM	431,185	117,629	104,224	31,346	95,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,486	66,709	59,106	0	54,034	52.00
53.00	05300	ANESTHESIOLOGY	99,891	6,002	5,318	0	4,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	958,943	119,893	106,230	60,531	97,114	54.00
56.00	05600	RADIOISOTOPE	126,733	8,373	7,419	0	6,782	56.00
57.00	05700	CT SCAN	277,965	15,515	13,747	11,746	12,567	57.00
58.00	05800	MRI	144,956	16,259	14,406	12,610	13,170	58.00
60.00	06000	LABORATORY	1,024,000	84,791	75,129	0	68,681	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	104,463	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	256,453	19,709	17,463	0	15,964	65.00
65.10	06501	CARDIAC STRESS LAB	114,695	36,226	32,098	0	29,343	65.10
65.20	06502	CARDIAC REHAB	19,673	3,510	3,110	0	2,843	65.20
66.00	06600	PHYSICAL THERAPY	340,079	140,529	124,514	18,015	113,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,360	40,846	36,191	0	33,085	67.00
68.00	06800	SPEECH PATHOLOGY	66,007	38,141	33,794	0	30,894	68.00
69.00	06900	ELECTROCARDIOLOGY	30,188	1,702	1,508	0	1,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,220	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	439,458	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	401,794	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,478,269	25,513	22,606	0	20,666	73.00
76.00	03610	SLEEP LAB	54,953	14,269	12,643	1,801	11,558	76.00
76.01	03020	PAIN CLINIC	17,889	9,345	8,280	0	7,570	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,148,083	136,213	120,690	70,764	110,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,732,264	2,134,493	1,712,701	360,303	1,536,197	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,111	11,108	9,842	0	8,997	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	345	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	15,624	66,025	58,501	0	53,480	193.00
194.00	07950	FOUNDATION AND OTHER	96,770	13,099	11,606	0	10,610	194.00
194.01	07951	FITNESS CENTER	62,240	27,215	24,114	0	22,044	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,939,354	2,251,940	1,816,764	360,303	1,631,328	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	955,916					10.00
11.00	01100	CAFETERIA	0	803,739				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,087	2,859,817			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,692	60,684	169,563		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,372	0	0	281,733	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	780,578	215,480	1,520,034	16,088	23,416	30.00
31.00	03100	INTENSIVE CARE UNIT	123,048	37,557	262,199	3,912	3,803	31.00
43.00	04300	NURSERY	17,578	13,167	91,925	1,548	1,608	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	69,819	487,432	0	28,861	50.00
51.00	05100	RECOVERY ROOM	0	36,667	255,983	3,054	7,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,712	26,006	181,560	3,055	3,175	52.00
53.00	05300	ANESTHESIOLOGY	0	16,705	0	4,115	8,722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	49,787	0	2,766	15,726	54.00
56.00	05600	RADIOISOTOPE	0	4,475	0	94	4,387	56.00
57.00	05700	CT SCAN	0	13,636	0	3,816	29,531	57.00
58.00	05800	MRI	0	8,669	0	1,408	8,056	58.00
60.00	06000	LABORATORY	0	69,913	0	4,151	48,183	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,329	63.00
65.00	06500	RESPIRATORY THERAPY	0	18,486	0	4,286	9,675	65.00
65.10	06501	CARDIAC STRESS LAB	0	8,411	0	398	7,195	65.10
65.20	06502	CARDIAC REHAB	0	3,022	0	59	636	65.20
66.00	06600	PHYSICAL THERAPY	0	25,327	0	716	5,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,654	0	68	1,457	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,037	0	36	599	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,186	0	0	2,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	328	0	0	39	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	55,480	3,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,724	5,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,945	0	1,796	34,780	73.00
76.00	03610	SLEEP LAB	0	5,201	0	457	996	76.00
76.01	03020	PAIN CLINIC	0	1,476	0	0	2,850	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	96,856	0	11,524	20,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	955,916	795,961	2,859,817	169,551	281,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,319	0	12	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	211	0	0	0	194.00
194.01	07951	FITNESS CENTER	0	5,248	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	955,916	803,739	2,859,817	169,563	281,733	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	1,328,460					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,080,277	0	18,133,160	0	18,133,160	30.00
31.00	03100	INTENSIVE CARE UNIT	160,379	0	4,070,261	0	4,070,261	31.00
43.00	04300	NURSERY	87,804	0	1,036,233	0	1,036,233	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	6,583,500	0	6,583,500	50.00
51.00	05100	RECOVERY ROOM	0	0	2,807,224	0	2,807,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,860,348	0	1,860,348	52.00
53.00	05300	ANESTHESIOLOGY	0	0	545,027	0	545,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,245,291	0	5,245,291	54.00
56.00	05600	RADIOISOTOPE	0	0	665,000	0	665,000	56.00
57.00	05700	CT SCAN	0	0	1,489,956	0	1,489,956	57.00
58.00	05800	MRI	0	0	799,136	0	799,136	58.00
60.00	06000	LABORATORY	0	0	5,469,275	0	5,469,275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	523,483	0	523,483	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,367,453	0	1,367,453	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	686,968	0	686,968	65.10
65.20	06502	CARDIAC REHAB	0	0	111,514	0	111,514	65.20
66.00	06600	PHYSICAL THERAPY	0	0	2,128,755	0	2,128,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	579,960	0	579,960	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	438,435	0	438,435	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	161,014	0	161,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	26,458	0	26,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,255,886	0	2,255,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,064,934	0	2,064,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,518,383	0	7,518,383	73.00
76.00	03610	SLEEP LAB	0	0	321,606	0	321,606	76.00
76.01	03020	PAIN CLINIC	0	0	118,939	0	118,939	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	6,306,016	0	6,306,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,328,460	0	73,314,215	0	73,314,215	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	192,783	0	192,783	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,723	0	1,723	192.00
193.00	19300	NONPAID WORKERS	0	0	256,103	0	256,103	193.00
194.00	07950	FOUNDATION AND OTHER	0	0	519,229	0	519,229	194.00
194.01	07951	FITNESS CENTER	0	0	389,727	0	389,727	194.01
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,328,460	0	74,673,780	0	74,673,780	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 5:56 pm

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	8,375	0	8,375	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,393	535,974	1,083,703	1,635,070	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	460,393	9,913	470,306	6.00
7.00	00700	OPERATION OF PLANT	0	172,446	81,184	253,630	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,278	0	14,278	8.00
9.00	00900	HOUSEKEEPING	0	16,918	10,147	27,065	9.00
10.00	01000	DIETARY	0	56,255	24,760	81,015	10.00
11.00	01100	CAFETERIA	0	37,699	5,794	43,493	11.00
13.00	01300	NURSING ADMINISTRATION	0	10,845	222,292	233,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,381	0	13,381	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,886	438	12,324	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	85,414	335,945	61,076	482,435	30.00
31.00	03100	INTENSIVE CARE UNIT	6,862	78,102	8,267	93,231	31.00
43.00	04300	NURSEY	0	29,415	19,492	48,907	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	131,538	278,272	985,312	1,395,122	50.00
51.00	05100	RECOVERY ROOM	0	100,664	11,068	111,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,088	38,483	95,571	52.00
53.00	05300	ANESTHESIOLOGY	0	5,137	26,022	31,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	102,601	120,368	222,969	54.00
56.00	05600	RADIOISOTOPE	0	7,165	642	7,807	56.00
57.00	05700	CT SCAN	0	13,277	192,477	205,754	57.00
58.00	05800	MRI	0	13,914	131,535	145,449	58.00
60.00	06000	LABORATORY	0	72,562	79,336	151,898	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,866	43,626	60,492	65.00
65.10	06501	CARDIAC STRESS LAB	0	31,002	24,768	55,770	65.10
65.20	06502	CARDIAC REHAB	0	3,004	0	3,004	65.20
66.00	06600	PHYSICAL THERAPY	4,820	120,261	14,014	139,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	34,955	88	35,043	67.00
68.00	06800	SPEECH PATHOLOGY	133	32,640	61	32,834	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,456	0	1,456	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,561	6,561	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	51,177	21,834	35,498	108,509	73.00
76.00	03610	SLEEP LAB	2,396	12,211	1,271	15,878	76.00
76.01	03020	PAIN CLINIC	0	7,997	0	7,997	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,118	116,568	42,901	162,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,851	2,831,386	3,281,097	6,413,334	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,506	0	9,506	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	56,502	375	56,877	193.00
194.00	07950	FOUNDATION AND OTHER	0	11,209	0	11,209	194.00
194.01	07951	FITNESS CENTER	0	23,290	0	23,290	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	300,851	2,931,893	3,281,472	6,514,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,635,609					5.00
6.00	00600	MAINTENANCE & REPAIRS	49,325	519,786				6.00
7.00	00700	OPERATION OF PLANT	35,379	46,512	335,521			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,203	3,851	2,730	28,062		8.00
9.00	00900	HOUSEKEEPING	34,914	4,563	3,235	0	70,007	9.00
10.00	01000	DIETARY	17,056	15,173	10,757	0	2,285	10.00
11.00	01100	CAFETERIA	15,003	10,168	7,208	0	1,531	11.00
13.00	01300	NURSING ADMINISTRATION	61,494	2,925	2,074	0	441	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,271	3,609	2,559	0	544	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,145	3,206	2,273	0	483	16.00
17.00	01700	SOCIAL SERVICE	29,097	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	293,198	90,611	64,236	4,180	13,645	30.00
31.00	03100	INTENSIVE CARE UNIT	70,425	21,065	14,934	1,403	3,172	31.00
43.00	04300	NURSERY	15,901	7,934	5,625	310	1,195	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,455	75,055	53,209	6,063	11,303	50.00
51.00	05100	RECOVERY ROOM	47,207	27,151	19,248	2,441	4,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,365	15,397	10,916	0	2,319	52.00
53.00	05300	ANESTHESIOLOGY	10,936	1,385	982	0	209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,987	27,673	19,619	4,714	4,168	54.00
56.00	05600	RADIOISOTOPE	13,875	1,933	1,370	0	291	56.00
57.00	05700	CT SCAN	30,432	3,581	2,539	915	539	57.00
58.00	05800	MRI	15,870	3,753	2,661	982	565	58.00
60.00	06000	LABORATORY	112,110	19,571	13,875	0	2,947	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,437	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	28,077	4,549	3,225	0	685	65.00
65.10	06501	CARDIAC STRESS LAB	12,557	8,362	5,928	0	1,259	65.10
65.20	06502	CARDIAC REHAB	2,154	810	574	0	122	65.20
66.00	06600	PHYSICAL THERAPY	37,232	32,436	22,995	1,403	4,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,112	9,428	6,684	0	1,420	67.00
68.00	06800	SPEECH PATHOLOGY	7,227	8,804	6,241	0	1,326	68.00
69.00	06900	ELECTROCARDIOLOGY	3,305	393	278	0	59	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	571	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,113	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,989	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,844	5,889	4,175	0	887	73.00
76.00	03610	SLEEP LAB	6,016	3,293	2,335	140	496	76.00
76.01	03020	PAIN CLINIC	1,959	2,157	1,529	0	325	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	125,694	31,440	22,289	5,511	4,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,612,935	492,677	316,303	28,062	65,925	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,516	2,564	1,818	0	386	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	38	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	1,711	15,240	10,804	0	2,295	193.00
194.00	07950	FOUNDATION AND OTHER	10,595	3,023	2,143	0	455	194.00
194.01	07951	FITNESS CENTER	6,814	6,282	4,453	0	946	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,635,609	519,786	335,521	28,062	70,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	126,371					10.00
11.00	01100	CAFETERIA	0	77,509				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,744	302,085			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	838	6,410	27,402		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	904	0	0	24,376	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,191	20,780	160,563	2,600	2,024	30.00
31.00	03100	INTENSIVE CARE UNIT	16,267	3,622	27,696	632	329	31.00
43.00	04300	NURSERY	2,324	1,270	9,710	250	139	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,733	51,488	0	2,494	50.00
51.00	05100	RECOVERY ROOM	0	3,536	27,040	493	672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,589	2,508	19,178	494	274	52.00
53.00	05300	ANESTHESIOLOGY	0	1,611	0	665	754	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,801	0	447	1,359	54.00
56.00	05600	RADIOISOTOPE	0	432	0	15	379	56.00
57.00	05700	CT SCAN	0	1,315	0	617	2,552	57.00
58.00	05800	MRI	0	836	0	227	696	58.00
60.00	06000	LABORATORY	0	6,742	0	671	4,192	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	115	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,783	0	693	836	65.00
65.10	06501	CARDIAC STRESS LAB	0	811	0	64	622	65.10
65.20	06502	CARDIAC REHAB	0	291	0	10	55	65.20
66.00	06600	PHYSICAL THERAPY	0	2,442	0	116	515	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	642	0	11	126	67.00
68.00	06800	SPEECH PATHOLOGY	0	486	0	6	52	68.00
69.00	06900	ELECTROCARDIOLOGY	0	307	0	0	203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32	0	0	3	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,966	328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,197	506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,309	0	290	3,006	73.00
76.00	03610	SLEEP LAB	0	502	0	74	86	76.00
76.01	03020	PAIN CLINIC	0	142	0	0	246	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	9,340	0	1,862	1,813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,371	76,759	302,085	27,400	24,376	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	224	0	2	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	20	0	0	0	194.00
194.01	07951	FITNESS CENTER	0	506	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	1,248	0	201.00
202.00		TOTAL (sum lines 118 through 201)	126,371	77,509	302,085	28,650	24,376	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	29,097					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,661		1,263,142	0	1,263,142	30.00
31.00	03100	INTENSIVE CARE UNIT	3,513		256,697	0	256,697	31.00
43.00	04300	NURSERY	1,923		95,607	0	95,607	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		1,712,473	0	1,712,473	50.00
51.00	05100	RECOVERY ROOM	0		243,960	0	243,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		182,846	0	182,846	52.00
53.00	05300	ANESTHESIOLOGY	0		47,747	0	47,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		391,169	0	391,169	54.00
56.00	05600	RADIOISOTOPE	0		26,151	0	26,151	56.00
57.00	05700	CT SCAN	0		248,366	0	248,366	57.00
58.00	05800	MRI	0		171,129	0	171,129	58.00
60.00	06000	LABORATORY	0		312,519	0	312,519	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		11,552	0	11,552	63.00
65.00	06500	RESPIRATORY THERAPY	0		100,516	0	100,516	65.00
65.10	06501	CARDIAC STRESS LAB	0		85,475	0	85,475	65.10
65.20	06502	CARDIAC REHAB	0		7,046	0	7,046	65.20
66.00	06600	PHYSICAL THERAPY	0		241,387	0	241,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		63,539	0	63,539	67.00
68.00	06800	SPEECH PATHOLOGY	0		57,026	0	57,026	68.00
69.00	06900	ELECTROCARDIOLOGY	0		6,029	0	6,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		7,170	0	7,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		57,407	0	57,407	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		52,692	0	52,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		287,175	0	287,175	73.00
76.00	03610	SLEEP LAB	0		28,862	0	28,862	76.00
76.01	03020	PAIN CLINIC	0		14,369	0	14,369	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0		366,134	0	366,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,097	0	6,338,185	0	6,338,185	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		18,037	0	18,037	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		38	0	38	192.00
193.00	19300	NONPAID WORKERS	0		86,927	0	86,927	193.00
194.00	07950	FOUNDATION AND OTHER	0		27,447	0	27,447	194.00
194.01	07951	FITNESS CENTER	0		42,334	0	42,334	194.01
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0		1,248	0	1,248	201.00
202.00		TOTAL (sum lines 118 through 201)	29,097	0	6,514,216	0	6,514,216	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	225,461					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,243,176				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	644	0	26,960,492			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,216	1,071,055	1,733,347	-14,939,354	59,734,426	5.00
6.00	00600	MAINTENANCE & REPAIRS	35,404	9,797	497,822	0	1,801,414	6.00
7.00	00700	OPERATION OF PLANT	13,261	80,237	0	0	1,292,105	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,098	0	0	0	263,048	8.00
9.00	00900	HOUSEKEEPING	1,301	10,029	739,309	0	1,275,136	9.00
10.00	01000	DIETARY	4,326	24,471	273,530	0	622,903	10.00
11.00	01100	CAFETERIA	2,899	5,726	340,356	0	547,936	11.00
13.00	01300	NURSING ADMINISTRATION	834	219,698	868,513	0	2,245,878	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,029	0	123,696	0	46,422	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	914	433	132,504	0	187,918	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,062,686	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,834	60,363	6,504,203	0	10,707,368	30.00
31.00	03100	INTENSIVE CARE UNIT	6,006	8,171	1,312,739	0	2,572,038	31.00
43.00	04300	NURSERY	2,262	19,265	383,090	0	580,718	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,399	973,813	1,772,773	0	4,034,001	50.00
51.00	05100	RECOVERY ROOM	7,741	10,939	1,130,179	0	1,724,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,390	38,034	756,320	0	1,145,505	52.00
53.00	05300	ANESTHESIOLOGY	395	25,718	148,585	0	399,412	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,890	118,963	1,389,740	0	3,834,301	54.00
56.00	05600	RADIOISOTOPE	551	635	158,262	0	506,737	56.00
57.00	05700	CT SCAN	1,021	190,231	392,495	0	1,111,433	57.00
58.00	05800	MRI	1,070	130,000	290,511	0	579,602	58.00
60.00	06000	LABORATORY	5,580	78,410	1,650,459	0	4,094,427	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	417,691	63.00
65.00	06500	RESPIRATORY THERAPY	1,297	43,117	564,652	0	1,025,417	65.00
65.10	06501	CARDIAC STRESS LAB	2,384	24,479	327,318	0	458,602	65.10
65.20	06502	CARDIAC REHAB	231	0	84,965	0	78,661	65.20
66.00	06600	PHYSICAL THERAPY	9,248	13,850	862,115	0	1,359,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	87	234,232	0	369,299	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	60	160,036	0	263,927	68.00
69.00	06900	ELECTROCARDIOLOGY	112	0	89,691	0	120,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,484	10,763	0	20,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,757,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,606,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,679	35,084	854,912	0	5,910,808	73.00
76.00	03610	SLEEP LAB	939	1,256	136,172	0	219,728	76.00
76.01	03020	PAIN CLINIC	615	0	45,967	0	71,529	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,964	42,400	2,776,172	0	4,590,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,732	3,242,805	26,745,428	-14,939,354	58,906,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	731	0	68,563	0	128,394	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,378	192.00
193.00	19300	NONPAID WORKERS	4,345	371	0	0	62,473	193.00
194.00	07950	FOUNDATION AND OTHER	862	0	7,296	0	386,933	194.00
194.01	07951	FITNESS CENTER	1,791	0	139,205	0	248,866	194.01
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)	2,931,893	3,281,472	8,884,769		14,939,354	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.003992	1.011808	0.329548		0.250096	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,375		1,635,609	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000311		0.027381	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	148,197					6.00
7.00	00700	OPERATION OF PLANT	13,261	134,936				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,098	1,098	385,267			8.00
9.00	00900	HOUSEKEEPING	1,301	1,301	0	132,537		9.00
10.00	01000	DIETARY	4,326	4,326	0	4,326	62,320	10.00
11.00	01100	CAFETERIA	2,899	2,899	0	2,899	0	11.00
13.00	01300	NURSING ADMINISTRATION	834	834	0	834	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,029	1,029	0	1,029	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	914	914	0	914	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,834	25,834	57,386	25,834	50,889	30.00
31.00	03100	INTENSIVE CARE UNIT	6,006	6,006	19,263	6,006	8,022	31.00
43.00	04300	NURSERY	2,262	2,262	4,257	2,262	1,146	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,399	21,399	83,218	21,399	0	50.00
51.00	05100	RECOVERY ROOM	7,741	7,741	33,518	7,741	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,390	4,390	0	4,390	2,263	52.00
53.00	05300	ANESTHESIOLOGY	395	395	0	395	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,890	7,890	64,725	7,890	0	54.00
56.00	05600	RADIOISOTOPE	551	551	0	551	0	56.00
57.00	05700	CT SCAN	1,021	1,021	12,560	1,021	0	57.00
58.00	05800	MRI	1,070	1,070	13,484	1,070	0	58.00
60.00	06000	LABORATORY	5,580	5,580	0	5,580	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,297	1,297	0	1,297	0	65.00
65.10	06501	CARDIAC STRESS LAB	2,384	2,384	0	2,384	0	65.10
65.20	06502	CARDIAC REHAB	231	231	0	231	0	65.20
66.00	06600	PHYSICAL THERAPY	9,248	9,248	19,263	9,248	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	2,688	0	2,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	2,510	0	2,510	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112	112	0	112	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,679	1,679	0	1,679	0	73.00
76.00	03610	SLEEP LAB	939	939	1,926	939	0	76.00
76.01	03020	PAIN CLINIC	615	615	0	615	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,964	8,964	75,667	8,964	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,468	127,207	385,267	124,808	62,320	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	731	731	0	731	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	4,345	4,345	0	4,345	0	193.00
194.00	07950	FOUNDATION AND OTHER	862	862	0	862	0	194.00
194.01	07951	FITNESS CENTER	1,791	1,791	0	1,791	0	194.01
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)	2,251,940	1,816,764	360,303	1,631,328	955,916	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.195584	13.463894	0.935203	12.308472	15.338832	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	519,786	335,521	28,062	70,007	126,371	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.507399	2.486520	0.072838	0.528207	2.027776	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	34,305					11.00
13.00	01300	NURSING ADMINISTRATION	772	17,484				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	371	371	5,370,475			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	400	0	0	434,945,700		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	15,266	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,197	9,293	509,555	36,135,078	12,414	30.00
31.00	03100	INTENSIVE CARE UNIT	1,603	1,603	123,904	5,868,597	1,843	31.00
43.00	04300	NURSERY	562	562	49,015	2,481,616	1,009	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,980	2,980	0	44,538,758	0	50.00
51.00	05100	RECOVERY ROOM	1,565	1,565	96,726	12,002,401	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,110	1,110	96,769	4,899,363	0	52.00
53.00	05300	ANESTHESIOLOGY	713	0	130,320	13,459,298	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,125	0	87,611	24,268,536	0	54.00
56.00	05600	RADIOISOTOPE	191	0	2,968	6,770,393	0	56.00
57.00	05700	CT SCAN	582	0	120,856	45,573,300	0	57.00
58.00	05800	MRI	370	0	44,587	12,431,926	0	58.00
60.00	06000	LABORATORY	2,984	0	131,480	74,531,097	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,050,346	0	63.00
65.00	06500	RESPIRATORY THERAPY	789	0	135,752	14,930,195	0	65.00
65.10	06501	CARDIAC STRESS LAB	359	0	12,616	11,102,798	0	65.10
65.20	06502	CARDIAC REHAB	129	0	1,874	981,932	0	65.20
66.00	06600	PHYSICAL THERAPY	1,081	0	22,666	9,188,679	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	284	0	2,165	2,248,229	0	67.00
68.00	06800	SPEECH PATHOLOGY	215	0	1,148	923,802	0	68.00
69.00	06900	ELECTROCARDIOLOGY	136	0	0	3,622,245	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14	0	0	59,840	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,757,156	5,852,028	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,606,560	9,036,543	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,022	0	56,885	53,672,397	0	73.00
76.00	03610	SLEEP LAB	222	0	14,489	1,537,402	0	76.00
76.01	03020	PAIN CLINIC	63	0	0	4,398,687	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,134	0	365,002	32,380,214	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,973	17,484	5,370,104	434,945,700	15,266	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	99	0	371	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	9	0	0	0	0	194.00
194.01	07951	FITNESS CENTER	224	0	0	0	0	194.01
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)	803,739	2,859,817	169,563	281,733	1,328,460	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.429209	163.567662	0.031573	0.000648	87.020831	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,509	302,085	28,650	24,376	29,097	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.259408	17.277797	0.005102	0.000056	1.906000	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.10	06501	CARDIAC STRESS LAB	65.10
65.20	06502	CARDIAC REHAB	65.20
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
76.00	03610	SLEEP LAB	76.00
76.01	03020	PAIN CLINIC	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	FOUNDATION AND OTHER	194.00
194.01	07951	FITNESS CENTER	194.01
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,133,160		18,133,160	0	18,133,160	30.00
31.00	03100	INTENSIVE CARE UNIT	4,070,261		4,070,261	0	4,070,261	31.00
43.00	04300	NURSERY	1,036,233		1,036,233	0	1,036,233	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,583,500		6,583,500	0	6,583,500	50.00
51.00	05100	RECOVERY ROOM	2,807,224		2,807,224	0	2,807,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,860,348		1,860,348	0	1,860,348	52.00
53.00	05300	ANESTHESIOLOGY	545,027		545,027	0	545,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,245,291		5,245,291	0	5,245,291	54.00
56.00	05600	RADIOISOTOPE	665,000		665,000	0	665,000	56.00
57.00	05700	CT SCAN	1,489,956		1,489,956	0	1,489,956	57.00
58.00	05800	MRI	799,136		799,136	0	799,136	58.00
60.00	06000	LABORATORY	5,469,275		5,469,275	0	5,469,275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	523,483		523,483	0	523,483	63.00
65.00	06500	RESPIRATORY THERAPY	1,367,453	0	1,367,453	0	1,367,453	65.00
65.10	06501	CARDIAC STRESS LAB	686,968	0	686,968	0	686,968	65.10
65.20	06502	CARDIAC REHAB	111,514	0	111,514	0	111,514	65.20
66.00	06600	PHYSICAL THERAPY	2,128,755	0	2,128,755	0	2,128,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	579,960	0	579,960	0	579,960	67.00
68.00	06800	SPEECH PATHOLOGY	438,435	0	438,435	0	438,435	68.00
69.00	06900	ELECTROCARDIOLOGY	161,014		161,014	0	161,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,458		26,458	0	26,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,255,886		2,255,886	0	2,255,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,064,934		2,064,934	0	2,064,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,518,383		7,518,383	0	7,518,383	73.00
76.00	03610	SLEEP LAB	321,606		321,606	0	321,606	76.00
76.01	03020	PAIN CLINIC	118,939		118,939	0	118,939	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,306,016		6,306,016	0	6,306,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,081,746		2,081,746	0	2,081,746	92.00
200.00		Subtotal (see instructions)	75,395,961	0	75,395,961	0	75,395,961	200.00
201.00		Less Observation Beds	2,081,746		2,081,746	0	2,081,746	201.00
202.00		Total (see instructions)	73,314,215	0	73,314,215	0	73,314,215	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet C Part I Date/Time Prepared: 2/24/2022 5:56 pm		
					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	32,812,543		32,812,543					30.00	
31.00	03100	INTENSIVE CARE UNIT	5,868,597		5,868,597					31.00	
43.00	04300	NURSERY	2,481,616		2,481,616					43.00	
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	11,935,885	32,602,873	44,538,758	0.147815	0.000000			50.00	
51.00	05100	RECOVERY ROOM	1,835,578	10,166,823	12,002,401	0.233889	0.000000			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,414,315	485,048	4,899,363	0.379712	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	4,499,045	8,960,253	13,459,298	0.040494	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,380,449	20,888,087	24,268,536	0.216135	0.000000			54.00	
56.00	05600	RADIOISOTOPE	500,797	6,269,596	6,770,393	0.098222	0.000000			56.00	
57.00	05700	CT SCAN	7,778,974	37,794,326	45,573,300	0.032694	0.000000			57.00	
58.00	05800	MRI	1,007,654	11,424,272	12,431,926	0.064281	0.000000			58.00	
60.00	06000	LABORATORY	22,500,448	52,030,649	74,531,097	0.073382	0.000000			60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	906,092	1,144,254	2,050,346	0.255314	0.000000			63.00	
65.00	06500	RESPIRATORY THERAPY	13,187,923	1,742,272	14,930,195	0.091590	0.000000			65.00	
65.10	06501	CARDIAC STRESS LAB	2,793,193	8,309,605	11,102,798	0.061873	0.000000			65.10	
65.20	06502	CARDIAC REHAB	1,102	980,830	981,932	0.113566	0.000000			65.20	
66.00	06600	PHYSICAL THERAPY	1,226,586	7,962,093	9,188,679	0.231671	0.000000			66.00	
67.00	06700	OCCUPATIONAL THERAPY	713,552	1,534,677	2,248,229	0.257963	0.000000			67.00	
68.00	06800	SPEECH PATHOLOGY	440,941	482,861	923,802	0.474598	0.000000			68.00	
69.00	06900	ELECTROCARDIOLOGY	1,076,944	2,545,301	3,622,245	0.044451	0.000000			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	7,480	52,360	59,840	0.442146	0.000000			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,333,610	3,518,418	5,852,028	0.385488	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,384,411	4,652,132	9,036,543	0.228509	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,971,630	28,700,767	53,672,397	0.140079	0.000000			73.00	
76.00	03610	SLEEP LAB	5,610	1,531,792	1,537,402	0.209188	0.000000			76.00	
76.01	03020	PAIN CLINIC	5,142	4,393,545	4,398,687	0.027040	0.000000			76.01	
OUTPATIENT SERVICE COST CENTERS											
91.00	09100	EMERGENCY	5,736,710	26,643,504	32,380,214	0.194749	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,294,040	2,028,495	3,322,535	0.626554	0.000000			92.00	
200.00		Subtotal (see instructions)	158,100,867	276,844,833	434,945,700					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	158,100,867	276,844,833	434,945,700					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/24/2022 5:56 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.147815		50.00
51.00	05100	RECOVERY ROOM	0.233889		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379712		52.00
53.00	05300	ANESTHESIOLOGY	0.040494		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216135		54.00
56.00	05600	RADIOISOTOPE	0.098222		56.00
57.00	05700	CT SCAN	0.032694		57.00
58.00	05800	MRI	0.064281		58.00
60.00	06000	LABORATORY	0.073382		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255314		63.00
65.00	06500	RESPIRATORY THERAPY	0.091590		65.00
65.10	06501	CARDIAC STRESS LAB	0.061873		65.10
65.20	06502	CARDIAC REHAB	0.113566		65.20
66.00	06600	PHYSICAL THERAPY	0.231671		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257963		67.00
68.00	06800	SPEECH PATHOLOGY	0.474598		68.00
69.00	06900	ELECTROCARDIOLOGY	0.044451		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.442146		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.385488		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228509		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140079		73.00
76.00	03610	SLEEP LAB	0.209188		76.00
76.01	03020	PAIN CLINIC	0.027040		76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.194749		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.626554		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,133,160		18,133,160	0	18,133,160	30.00
31.00	03100	INTENSIVE CARE UNIT	4,070,261		4,070,261	0	4,070,261	31.00
43.00	04300	NURSERY	1,036,233		1,036,233	0	1,036,233	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,583,500		6,583,500	0	6,583,500	50.00
51.00	05100	RECOVERY ROOM	2,807,224		2,807,224	0	2,807,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,860,348		1,860,348	0	1,860,348	52.00
53.00	05300	ANESTHESIOLOGY	545,027		545,027	0	545,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,245,291		5,245,291	0	5,245,291	54.00
56.00	05600	RADIOISOTOPE	665,000		665,000	0	665,000	56.00
57.00	05700	CT SCAN	1,489,956		1,489,956	0	1,489,956	57.00
58.00	05800	MRI	799,136		799,136	0	799,136	58.00
60.00	06000	LABORATORY	5,469,275		5,469,275	0	5,469,275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	523,483		523,483	0	523,483	63.00
65.00	06500	RESPIRATORY THERAPY	1,367,453	0	1,367,453	0	1,367,453	65.00
65.10	06501	CARDIAC STRESS LAB	686,968	0	686,968	0	686,968	65.10
65.20	06502	CARDIAC REHAB	111,514	0	111,514	0	111,514	65.20
66.00	06600	PHYSICAL THERAPY	2,128,755	0	2,128,755	0	2,128,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	579,960	0	579,960	0	579,960	67.00
68.00	06800	SPEECH PATHOLOGY	438,435	0	438,435	0	438,435	68.00
69.00	06900	ELECTROCARDIOLOGY	161,014		161,014	0	161,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,458		26,458	0	26,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,255,886		2,255,886	0	2,255,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,064,934		2,064,934	0	2,064,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,518,383		7,518,383	0	7,518,383	73.00
76.00	03610	SLEEP LAB	321,606		321,606	0	321,606	76.00
76.01	03020	PAIN CLINIC	118,939		118,939	0	118,939	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,306,016		6,306,016	0	6,306,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,081,746		2,081,746	0	2,081,746	92.00
200.00		Subtotal (see instructions)	75,395,961	0	75,395,961	0	75,395,961	200.00
201.00		Less Observation Beds	2,081,746		2,081,746	0	2,081,746	201.00
202.00		Total (see instructions)	73,314,215	0	73,314,215	0	73,314,215	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

			Title XIX			Hospital	Cost	
	Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,812,543		32,812,543			30.00
31.00	03100	INTENSIVE CARE UNIT	5,868,597		5,868,597			31.00
43.00	04300	NURSERY	2,481,616		2,481,616			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,935,885	32,602,873	44,538,758	0.147815	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,835,578	10,166,823	12,002,401	0.233889	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,414,315	485,048	4,899,363	0.379712	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,499,045	8,960,253	13,459,298	0.040494	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,380,449	20,888,087	24,268,536	0.216135	0.000000	54.00
56.00	05600	RADIOISOTOPE	500,797	6,269,596	6,770,393	0.098222	0.000000	56.00
57.00	05700	CT SCAN	7,778,974	37,794,326	45,573,300	0.032694	0.000000	57.00
58.00	05800	MRI	1,007,654	11,424,272	12,431,926	0.064281	0.000000	58.00
60.00	06000	LABORATORY	22,500,448	52,030,649	74,531,097	0.073382	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	906,092	1,144,254	2,050,346	0.255314	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	13,187,923	1,742,272	14,930,195	0.091590	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	2,793,193	8,309,605	11,102,798	0.061873	0.000000	65.10
65.20	06502	CARDIAC REHAB	1,102	980,830	981,932	0.113566	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,226,586	7,962,093	9,188,679	0.231671	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	713,552	1,534,677	2,248,229	0.257963	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	440,941	482,861	923,802	0.474598	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,076,944	2,545,301	3,622,245	0.044451	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,480	52,360	59,840	0.442146	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,333,610	3,518,418	5,852,028	0.385488	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,384,411	4,652,132	9,036,543	0.228509	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,971,630	28,700,767	53,672,397	0.140079	0.000000	73.00
76.00	03610	SLEEP LAB	5,610	1,531,792	1,537,402	0.209188	0.000000	76.00
76.01	03020	PAIN CLINIC	5,142	4,393,545	4,398,687	0.027040	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,736,710	26,643,504	32,380,214	0.194749	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,294,040	2,028,495	3,322,535	0.626554	0.000000	92.00
200.00		Subtotal (see instructions)	158,100,867	276,844,833	434,945,700			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	158,100,867	276,844,833	434,945,700			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.10	06501	CARDIAC STRESS LAB	0.000000			65.10
65.20	06502	CARDIAC REHAB	0.000000			65.20
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
76.00	03610	SLEEP LAB	0.000000			76.00
76.01	03020	PAIN CLINIC	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/24/2022 5:56 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	1,263,142	0	1,263,142	14,024	90.07	30.00
31.00	INTENSIVE CARE UNIT	256,697		256,697	1,843	139.28	31.00
43.00	NURSERY	95,607		95,607	1,009	94.75	43.00
200.00	Total (lines 30 through 199)	1,615,446		1,615,446	16,876		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,087	458,186				
31.00	INTENSIVE CARE UNIT	699	97,357				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	5,786	555,543				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	1,712,473	44,538,758	0.038449	5,285,205	203,211	50.00
51.00	05100	RECOVERY ROOM	243,960	12,002,401	0.020326	753,053	15,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	182,846	4,899,363	0.037320	101,893	3,803	52.00
53.00	05300	ANESTHESIOLOGY	47,747	13,459,298	0.003548	1,495,937	5,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	391,169	24,268,536	0.016118	1,409,451	22,718	54.00
56.00	05600	RADIOISOTOPE	26,151	6,770,393	0.003863	284,529	1,099	56.00
57.00	05700	CT SCAN	248,366	45,573,300	0.005450	3,243,567	17,677	57.00
58.00	05800	MRI	171,129	12,431,926	0.013765	431,845	5,944	58.00
60.00	06000	LABORATORY	312,519	74,531,097	0.004193	8,498,120	35,633	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,552	2,050,346	0.005634	400,421	2,256	63.00
65.00	06500	RESPIRATORY THERAPY	100,516	14,930,195	0.006732	5,273,464	35,501	65.00
65.10	06501	CARDIAC STRESS LAB	85,475	11,102,798	0.007699	1,345,847	10,362	65.10
65.20	06502	CARDIAC REHAB	7,046	981,932	0.007176	1,102	8	65.20
66.00	06600	PHYSICAL THERAPY	241,387	9,188,679	0.026270	592,956	15,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,539	2,248,229	0.028262	320,463	9,057	67.00
68.00	06800	SPEECH PATHOLOGY	57,026	923,802	0.061730	219,934	13,577	68.00
69.00	06900	ELECTROCARDIOLOGY	6,029	3,622,245	0.001664	476,905	794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,170	59,840	0.119820	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,407	5,852,028	0.009810	908,825	8,916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,692	9,036,543	0.005831	2,107,776	12,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	287,175	53,672,397	0.005351	9,097,284	48,680	73.00
76.00	03610	SLEEP LAB	28,862	1,537,402	0.018773	5,610	105	76.00
76.01	03020	PAIN CLINIC	14,369	4,398,687	0.003267	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	366,134	32,380,214	0.011307	2,484,741	28,095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	145,012	3,322,535	0.043645	653,544	28,524	92.00
200.00		Total (lines 50 through 199)	4,867,751	393,782,944		45,392,472	524,442	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/24/2022 5:56 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		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	14,024	0.00	5,087	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,843	0.00	699	31.00		
43.00	04300	NURSERY		0	1,009	0.00	0	43.00		
200.00	Total (lines 30 through 199)			0	16,876		5,786	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
43.00	04300	NURSERY	0						43.00	
200.00	Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 5:56 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03610	SLEEP LAB	0	0	0	0	0	76.00
76.01	03020	PAIN CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 5:56 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	44,538,758	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,002,401	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,899,363	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,459,298	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	24,268,536	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,770,393	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	45,573,300	0.000000	57.00
58.00	05800	MRI	0	0	0	12,431,926	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	74,531,097	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,050,346	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,930,195	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	11,102,798	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	0	0	981,932	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	9,188,679	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,248,229	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	923,802	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,622,245	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	59,840	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,852,028	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,036,543	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,672,397	0.000000	73.00
76.00	03610	SLEEP LAB	0	0	0	1,537,402	0.000000	76.00
76.01	03020	PAIN CLINIC	0	0	0	4,398,687	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	32,380,214	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,322,535	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	393,782,944		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	5,285,205	0	8,059,785	0
51.00	05100	RECOVERY ROOM	0.000000	753,053	0	2,650,520	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	101,893	0	4,729	0
53.00	05300	ANESTHESIOLOGY	0.000000	1,495,937	0	2,083,525	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,409,451	0	4,619,952	0
56.00	05600	RADIOISOTOPE	0.000000	284,529	0	2,018,542	0
57.00	05700	CT SCAN	0.000000	3,243,567	0	10,455,651	0
58.00	05800	MRI	0.000000	431,845	0	2,905,935	0
60.00	06000	LABORATORY	0.000000	8,498,120	0	5,955,367	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	400,421	0	489,337	0
65.00	06500	RESPIRATORY THERAPY	0.000000	5,273,464	0	518,651	0
65.10	06501	CARDIAC STRESS LAB	0.000000	1,345,847	0	2,904,467	0
65.20	06502	CARDIAC REHAB	0.000000	1,102	0	378,950	0
66.00	06600	PHYSICAL THERAPY	0.000000	592,956	0	36,593	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	320,463	0	3,811	0
68.00	06800	SPEECH PATHOLOGY	0.000000	219,934	0	7,981	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	476,905	0	628,111	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	908,825	0	779,310	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,107,776	0	1,388,811	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	9,097,284	0	14,179,892	0
76.00	03610	SLEEP LAB	0.000000	5,610	0	395,327	0
76.01	03020	PAIN CLINIC	0.000000	0	0	1,237,770	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	2,484,741	0	6,193,440	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	653,544	0	284,526	0
200.00		Total (lines 50 through 199)		45,392,472	0	68,180,983	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/24/2022 5:56 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		0.147815	8,059,785	0	0	1,191,357	50.00
51.00	05100	RECOVERY ROOM		0.233889	2,650,520	0	0	619,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.379712	4,729	0	0	1,796	52.00
53.00	05300	ANESTHESIOLOGY		0.040494	2,083,525	0	0	84,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.216135	4,619,952	0	0	998,533	54.00
56.00	05600	RADIOISOTOPE		0.098222	2,018,542	0	0	198,265	56.00
57.00	05700	CT SCAN		0.032694	10,455,651	0	429	341,837	57.00
58.00	05800	MRI		0.064281	2,905,935	0	0	186,796	58.00
60.00	06000	LABORATORY		0.073382	5,955,367	1,020	0	437,017	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.255314	489,337	0	0	124,935	63.00
65.00	06500	RESPIRATORY THERAPY		0.091590	518,651	0	0	47,503	65.00
65.10	06501	CARDIAC STRESS LAB		0.061873	2,904,467	0	0	179,708	65.10
65.20	06502	CARDIAC REHAB		0.113566	378,950	0	0	43,036	65.20
66.00	06600	PHYSICAL THERAPY		0.231671	36,593	0	0	8,478	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.257963	3,811	0	0	983	67.00
68.00	06800	SPEECH PATHOLOGY		0.474598	7,981	0	0	3,788	68.00
69.00	06900	ELECTROCARDIOLOGY		0.044451	628,111	0	0	27,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.442146	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.385488	779,310	0	0	300,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.228509	1,388,811	0	0	317,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.140079	14,179,892	0	10,308	1,986,305	73.00
76.00	03610	SLEEP LAB		0.209188	395,327	0	0	82,698	76.00
76.01	03020	PAIN CLINIC		0.027040	1,237,770	0	0	33,469	76.01
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.194749	6,193,440	0	0	1,206,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.626554	284,526	0	0	178,271	92.00
200.00		Subtotal (see instructions)			68,180,983	1,020	10,737	8,600,929	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			68,180,983	1,020	10,737	8,600,929	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0064		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/24/2022 5:56 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	14		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	75	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.10	06501	CARDIAC STRESS LAB	0	0		65.10
65.20	06502	CARDIAC REHAB	0	0		65.20
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	1,444		73.00
76.00	03610	SLEEP LAB	0	0		76.00
76.01	03020	PAIN CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
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)	75	1,458		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	75	1,458		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 5:56 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)		14,024	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,024	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)		12,414	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,087	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)		18,133,160	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)		18,133,160	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)		18,133,160	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)		1,293.01	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,577,542	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,577,542	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,070,261	1,843	2,208.50	699	1,543,742
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)					6,161,748
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,283,032
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					555,543
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					524,442
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,079,985
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,203,047
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,610
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,293.01
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,081,746

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/24/2022 5:56 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	1,263,142	18,133,160	0.069659	2,081,746	145,012
91.00	Nursing Program cost	0	18,133,160	0.000000	2,081,746	0
92.00	Allied health cost	0	18,133,160	0.000000	2,081,746	0
93.00	All other Medical Education	0	18,133,160	0.000000	2,081,746	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/24/2022 5:56 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		10,740,254		30.00
31.00	03100	INTENSIVE CARE UNIT		2,428,764		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.147815	5,285,205	781,233	50.00
51.00	05100	RECOVERY ROOM	0.233889	753,053	176,131	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379712	101,893	38,690	52.00
53.00	05300	ANESTHESIOLOGY	0.040494	1,495,937	60,576	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216135	1,409,451	304,632	54.00
56.00	05600	RADIOISOTOPE	0.098222	284,529	27,947	56.00
57.00	05700	CT SCAN	0.032694	3,243,567	106,045	57.00
58.00	05800	MRI	0.064281	431,845	27,759	58.00
60.00	06000	LABORATORY	0.073382	8,498,120	623,609	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255314	400,421	102,233	63.00
65.00	06500	RESPIRATORY THERAPY	0.091590	5,273,464	482,997	65.00
65.10	06501	CARDIAC STRESS LAB	0.061873	1,345,847	83,272	65.10
65.20	06502	CARDIAC REHAB	0.113566	1,102	125	65.20
66.00	06600	PHYSICAL THERAPY	0.231671	592,956	137,371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257963	320,463	82,668	67.00
68.00	06800	SPEECH PATHOLOGY	0.474598	219,934	104,380	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044451	476,905	21,199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.442146	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.385488	908,825	350,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228509	2,107,776	481,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140079	9,097,284	1,274,338	73.00
76.00	03610	SLEEP LAB	0.209188	5,610	1,174	76.00
76.01	03020	PAIN CLINIC	0.027040	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.194749	2,484,741	483,901	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.626554	653,544	409,481	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		45,392,472	6,161,748	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)		45,392,472		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/24/2022 5:56 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			10,765,601	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)			193,398	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			76.59	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)			21.92	31.00
32.00	Sum of lines 30 and 31			25.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.13	33.00
34.00	Disproportionate share adjustment (see instructions)			272,639	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/24/2022 5:56 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000097543		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	808,631	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	808,631	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		808,631		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)		12,040,269		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		18,822,045		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			17,126,601	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			819,332	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			160,416	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)			18,106,349	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			18,106,349	61.00
62.00	Deductibles billed to program beneficiaries			1,378,852	62.00
63.00	Coinsurance billed to program beneficiaries			6,545	63.00
64.00	Allowable bad debts (see instructions)			181,334	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			117,867	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			184,062	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,838,819	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			27,165	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			-63,579	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/24/2022 5:56 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,802,405	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		16,779,127	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		23,278	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		756,598	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		5,086,332	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0053407668	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		27,165	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9875	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-63,579	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/24/2022 5:56 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	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,765,601	0	0	10,765,601	10,765,601
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	193,398	0	0	193,398	193,398
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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	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	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1013	0.1013	0.1013	0.1013	0.1013
11.00	Disproportionate share adjustment (see instructions)	34.00	272,639	0	0	272,639	272,639
11.01	Uncompensated care payments	36.00	808,631	0	0	808,631	808,631
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	12,040,269	0	0	12,040,269	12,040,269
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	18,822,045	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,126,601	0	0	17,126,601	17,126,601
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	819,332	0	0	819,332	819,332

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/24/2022 5:56 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	160,416	0	0	160,416	160,416	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	0	18,106,349	18,106,349	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	799,975	0	0	799,975	799,975	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	19,357	0	0	19,357	19,357	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	819,332	0	0	819,332	819,332	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/24/2022 5:56 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,765,601		10,765,601	10,765,601	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	193,398		193,398	193,398	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1013	0.1013	0.1013		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	272,639	0	272,639	272,639	11.00
11.01	Uncompensated care payments	36.00	808,631	0	808,631	808,631	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	12,040,269	0	12,040,269	12,040,269	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	18,822,045	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,126,601	0	17,126,601	17,126,601	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	819,332	0	819,332	819,332	16.00
17.00	Special add-on payments for new technologies	54.00	160,416	0	160,416	160,416	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			0	18,106,349	18,106,349	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/24/2022 5:56 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	799,975	0	799,975	799,975	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	19,357	0	19,357	19,357	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	819,332	0	819,332	819,332	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	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	27,165	0	27,165	27,165	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-63,579	0	-63,579	-63,579	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: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/24/2022 5:56 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,533	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,600,929	2.00
3.00	OPPS payments		7,787,979	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,533	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,757	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)		11,757	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)		11,757	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,224	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)		1,533	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)		7,787,979	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		204	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,518,036	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)		6,271,272	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)		6,271,272	30.00
31.00	Primary payer payments		162	31.00
32.00	Subtotal (line 30 minus line 31)		6,271,110	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)		142,932	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		92,906	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		142,932	36.00
37.00	Subtotal (see instructions)		6,364,016	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)		6,364,016	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		6,402,324	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)		-38,308	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		791,660	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/24/2022 5:56 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		16,779,127		6,402,324	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)		16,779,127		6,402,324	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		23,278		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		38,308	6.02
7.00	Total Medicare program liability (see instructions)		16,802,405		6,364,016	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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/24/2022 5:56 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 through 12, and 32.	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

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

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet G

Date/Time Prepared:
2/24/2022 5:56 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	54,248	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	55,714,970	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,013,827	0	0	0	6.00
7.00	Inventory	1,298,628	0	0	0	7.00
8.00	Prepaid expenses	23,703	0	0	0	8.00
9.00	Other current assets	461,312	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	15,539,034	0	0	0	11.00
FIXED ASSETS						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	956,280	0	0	0	13.00
14.00	Accumulated depreciation	-847,902	0	0	0	14.00
15.00	Buildings	62,935,074	0	0	0	15.00
16.00	Accumulated depreciation	-29,317,974	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	31,940,820	0	0	0	23.00
24.00	Accumulated depreciation	-19,694,820	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	6,936,140	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,222,466	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	176,620,307	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	357,133	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	176,977,440	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	245,738,940	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,723,870	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,295	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	16,487	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	9,883,439	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,627,091	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	3,272,124	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,272,124	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	15,899,215	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	229,839,725	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	229,839,725	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	245,738,940	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-1

Date/Time Prepared:
2/24/2022 5:56 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		220,420,102		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		23,835,643				2.00
3.00	Total (sum of line 1 and line 2)		244,255,745		0		3.00
4.00	CHANGE IN TRNA AND RNA	1,690,419		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,690,419		0		10.00
11.00	Subtotal (line 3 plus line 10)		245,946,164		0		11.00
12.00	EQUITY TRANSFER	16,106,439		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)		16,106,439		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		229,839,725		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	CHANGE IN TRNA AND RNA		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFER		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: 14-0064

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/24/2022 5:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,812,543		32,812,543	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,812,543		32,812,543	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,350,213		8,350,213	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)	8,350,213		8,350,213	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	41,162,756		41,162,756	17.00
18.00	Ancillary services	103,647,563	226,305,107	329,952,670	18.00
19.00	Outpatient services	13,290,548	50,539,726	63,830,274	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	5,626,209	12,258,605	17,884,814	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	163,727,076	289,103,438	452,830,514	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,727,519		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)		84,727,519		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-3

Date/Time Prepared:
2/24/2022 5:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	452,830,514	1.00
2.00	Less contractual allowances and discounts on patients' accounts	349,354,067	2.00
3.00	Net patient revenues (line 1 minus line 2)	103,476,447	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,727,519	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,748,928	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	443,394	6.00
7.00	Income from investments	373,641	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	180,348	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	8,292	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,172	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	4,986	21.00
22.00	Rental of hospital space	4,349	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	503,098	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	56,870	24.01
24.02	OTHER	1,722,252	24.02
24.50	COVID-19 PHE Funding	2,241,628	24.50
25.00	Total other income (sum of lines 6-24)	5,544,030	25.00
26.00	Total (line 5 plus line 25)	24,292,958	26.00
27.00	STATE AND FEDERAL TAXES	-2,429	27.00
27.01	PENSION COST	459,744	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	457,315	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,835,643	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0064	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/24/2022 5:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		799,975	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		19,357	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)		39.66	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		819,332	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