

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: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/27/2022 10:03 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/27/2022	Time: 10:03 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 SAINT FRANCIS MEDICAL CENTER (14-0067) 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	16,169,574	2,780,941	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-8,005	-124		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	16,161,569	2,780,817	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: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 10:03 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 530 NE GLEN OAK AVENUE			PO Box:				1.00			
2.00	City: PEORIA			State: IL		Zip Code: 61637		County: PEORIA			
		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			SAINT FRANCIS MEDICAL CENTER	140067	37900	1	07/01/1966	0	P	0
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			SAINT FRANCIS REHABILITATION UNIT	14T067	37900	5	10/01/1983	0	P	0
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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/27/2022 10:03 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.	8,645	3,458	0	172	36,249	415	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.	468	286	0	0	895		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.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					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.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 10:03 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.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.06	
		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	

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			1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.000000
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
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	0.000000
65.01				0.00	0.000000
65.02				0.00	0.000000
			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	0.000000
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
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)	INTERNAL MEDICINE	1400	0.01	39.93	0.000250
67.01		MEDICINE-PEDIATRICS	1450	0.01	30.37	0.000329
67.02		PEDIATRICS	2000	0.01	30.58	0.000327
67.03				0.00	0.00	0.000000
					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.		Y			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)		Y	N	0	76.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
			V		XIX	
			1.00		2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y	98.00

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		V 1.00	XIX 2.00	
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)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
		Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N
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
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		
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		
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		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		
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.	2		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 10:03 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	3,862,520	14,000,000	25,834,964
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		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.	01/01/1980		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.	01/01/1980		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
		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: WPS	Contractor's Number: 06101	141.00
142.00	Street: 800 NE GLEN OAK AVE	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61603	143.00
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
		1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 10:03 pm	
				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	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC							161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/27/2022 10:03 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)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/15/2021	Y 12/15/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/27/2022 10:03 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
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		Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS	RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-624-9230	LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/27/2022 10:03 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.	GOVT REPT 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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/27/2022 10:03 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	30.00	548	202,210	0.00	0	1.00
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)						
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)		548	202,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	28	10,220	0.00	0	8.01
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)		643	236,885	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		0	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)		669				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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/27/2022 10:03 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)	43,516	5,670	131,371			1.00
2.00	HMO and other (see instructions)	27,266	39,879				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,230	1,181				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)	43,516	5,670	131,371			7.00
8.00	INTENSIVE CARE UNIT	7,718	1,402	18,659			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	1,186	7,273			8.01
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		387	3,643			13.00
14.00	Total (see instructions)	51,234	8,645	160,946	244.62	4,814.02	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,312	468	8,407	0.00	45.36	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)				244.62	4,859.38	27.00
28.00	Observation Bed Days		5,296	15,894			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	415	998			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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/27/2022 10:03 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	9,100	1,026	28,384	1.00
2.00 HMO and other (see instructions)			4,375	6,099		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				46		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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	9,100	1,026	28,384	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	245	27	424	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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/27/2022 10:03 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	322,292,935	1,339,820	323,632,755	10,128,006.00	31.95
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		503,230	0	503,230	1,866.00	269.68
4.01	Physicians - Part A - Teaching		4,982,094	0	4,982,094	34,181.00	145.76
5.00	Physician and Non Physician-Part B		10,441,302	0	10,441,302	101,247.00	103.13
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	16,819,617	262,409	17,082,026	555,148.00	30.77
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)		14,218,347	63,373	14,281,720	401,130.00	35.60
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		31,128,482	0	31,128,482	286,290.00	108.73
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		2,533,673	0	2,533,673	19,179.00	132.11
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		82,875,686	0	82,875,686	2,192,088.00	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)		84,424,060	0	84,424,060		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,878,885	0	3,878,885		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		28,304	0	28,304		
22.01	Physician Part A - Teaching		509,816	0	509,816		
23.00	Physician Part B		1,322,922	0	1,322,922		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		4,991,436	0	4,991,436		
25.50	Home office wage-related (core)		30,389,818	0	30,389,818		
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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/27/2022 10:03 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	7,352,405	-5,091,066	2,261,339	52,681.00	42.93	26.00
27.00	Administrative & General	5.00	17,405,380	763,267	18,168,647	567,747.00	32.00	27.00
28.00	Administrative & General under contract (see inst.)		6,537,833	0	6,537,833	44,368.00	147.35	28.00
29.00	Maintenance & Repairs	6.00	493,814	3,248	497,062	20,234.00	24.57	29.00
30.00	Operation of Plant	7.00	5,311,171	129,736	5,440,907	192,101.00	28.32	30.00
31.00	Laundry & Linen Service	8.00	437,221	2,875	440,096	28,111.00	15.66	31.00
32.00	Housekeeping	9.00	6,251,122	150,792	6,401,914	409,689.00	15.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	7,030,772	-1,132,663	5,898,109	339,855.00	17.35	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,085,100	1,085,100	51,690.00	20.99	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,311,399	172,798	6,484,197	172,713.00	37.54	38.00
39.00	Central Services and Supply	14.00	2,578,264	11,367	2,589,631	145,970.00	17.74	39.00
40.00	Pharmacy	15.00	9,493,354	54,442	9,547,796	219,740.00	43.45	40.00
41.00	Medical Records & Medical Records Library	16.00	947,258	-2,206	945,052	42,990.00	21.98	41.00
42.00	Social Service	17.00	0	35,743	35,743	1,095.00	32.64	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/27/2022 10:03 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)	296,587,755	1,077,411	297,665,166	9,481,798.00	31.39	1.00
2.00	Excluded area salaries (see instructions)	14,218,347	63,373	14,281,720	401,130.00	35.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	282,369,408	1,014,038	283,383,446	9,080,668.00	31.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	116,537,841	0	116,537,841	2,497,557.00	46.66	4.00
5.00	Subtotal wage-related costs (see inst.)	114,842,182	0	114,842,182	0.00	40.53	5.00
6.00	Total (sum of lines 3 thru 5)	513,749,431	1,014,038	514,763,469	11,578,225.00	44.46	6.00
7.00	Total overhead cost (see instructions)	70,149,993	-3,816,567	66,333,426	2,288,984.00	28.98	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2022 10:03 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		12,940,524	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)		2,838,544	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)		51,310,154	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)		670,734	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,209,330	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		22,431,356	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		754,770	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		95,155,423	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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/27/2022 10:03 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	31,128,482	95,155,423	1.00
2.00	Hospital	31,128,482	95,155,423	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/27/2022 10:03 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)			0.171318 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	144,614,501		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	1,070,288,274		6.00
7.00	Medicaid cost (line 1 times line 6)	183,359,647		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)	38,745,146		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)	38,745,146		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	71,751,058	5,178,207	76,929,265 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,292,248	5,178,207	17,470,455 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	12,292,248	5,178,207	17,470,455 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	18,398,679		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,388,073		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,135,498		27.01
28.00	Non-Medicare bad debt expense (see instructions)	16,263,181		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,533,601		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	21,004,056		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	59,749,202		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		27,460,993	27,460,993	1,095,463	28,556,456	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,853,741	11,853,741	408,340	12,262,081	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,352,405	94,618,086	101,970,491	3,922,421	105,892,912	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,381,715	1,016,464	2,398,179	9,853	2,408,032	5.01
5.02	00570	ADMITTING	0	0	0	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	341,606	15,094	356,700	10,047	366,747	5.03
5.04	00550	BUSINESS OFFICE	0	0	0	33,028,654	33,028,654	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	15,682,059	238,107,273	253,789,332	-54,662,117	199,127,215	5.05
6.00	00600	MAINTENANCE & REPAIRS	493,814	19,996,922	20,490,736	-10,329,076	10,161,660	6.00
7.00	00700	OPERATION OF PLANT	5,311,171	10,055,712	15,366,883	144,974	15,511,857	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	437,221	2,378,261	2,815,482	2,875	2,818,357	8.00
9.00	00900	HOUSEKEEPING	6,251,122	2,006,755	8,257,877	182,059	8,439,936	9.00
10.00	01000	DIETARY	7,030,772	1,982,894	9,013,666	-1,481,614	7,532,052	10.00
11.00	01100	CAFETERIA	0	0	0	1,391,132	1,391,132	11.00
13.00	01300	NURSING ADMINISTRATION	6,311,399	625,150	6,936,549	-152,231	6,784,318	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,578,264	516,562	3,094,826	20,413	3,115,239	14.00
15.00	01500	PHARMACY	9,493,354	5,464,203	14,957,557	853,910	15,811,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	947,258	471,457	1,418,715	15,602	1,434,317	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	9,407,867	9,407,867	17.00
18.00	01850	PARKING	0	843,661	843,661	0	843,661	18.00
20.00	02000	NURSING PROGRAM	4,785,098	467,175	5,252,273	197,329	5,449,602	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	16,819,617	1,734,244	18,553,861	270,419	18,824,280	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,347,512	34,588,450	40,935,962	576,477	41,512,439	22.00
23.00	02300	PARAMEDICALEDUC - CLS	75,176	11,262	86,438	969	87,407	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	144,966	2,486	147,452	3,125	150,577	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	74,189	3,622	77,811	7,864	85,675	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	469,229	1,391	470,620	3,873	474,493	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	173,432	16,842	190,274	12,009	202,283	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,105,922	46,977,127	114,083,049	230,744	114,313,793	30.00
31.00	03100	INTENSIVE CARE UNIT	16,835,505	11,254,587	28,090,092	757,414	28,847,506	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,083,171	392,582	9,475,753	1,272,917	10,748,670	31.01
41.00	04100	SUBPROVIDER - IRF	3,010,245	1,737,137	4,747,382	61,171	4,808,553	41.00
43.00	04300	NURSERY	1,194	122,807	124,001	1,791,729	1,915,730	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,241,200	68,467,961	86,709,161	-50,396,825	36,312,336	50.00
51.00	05100	RECOVERY ROOM	3,255,653	131,870	3,387,523	61,703	3,449,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,441,943	1,861,588	6,303,531	-658,373	5,645,158	52.00
53.00	05300	ANESTHESIOLOGY	1,024,432	2,145,497	3,169,929	641,093	3,811,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,604,198	17,577,124	37,181,322	2,916,599	40,097,921	54.00
57.00	05700	CT SCAN	2,825,285	1,513,616	4,338,901	-868,149	3,470,752	57.00
58.00	05800	MRI	2,892,251	1,097,964	3,990,215	-563,470	3,426,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,598,269	13,160,397	14,758,666	-13,288,289	1,470,377	59.00
60.00	06000	LABORATORY	13,602,559	10,741,752	24,344,311	1,086,270	25,430,581	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	747,208	4,453,468	5,200,676	10,464	5,211,140	63.00
64.00	06400	INTRAVENOUS THERAPY	1,489,926	595,027	2,084,953	54,322	2,139,275	64.00
65.00	06500	RESPIRATORY THERAPY	6,365,686	2,674,439	9,040,125	-90,357	8,949,768	65.00
66.00	06600	PHYSICAL THERAPY	8,082,854	774,053	8,856,907	593,593	9,450,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,423,316	48,731	2,472,047	301,612	2,773,659	67.00
68.00	06800	SPEECH PATHOLOGY	1,371,170	22,873	1,394,043	166,838	1,560,881	68.00
69.00	06900	ELECTROCARDIOLOGY	4,654,601	12,591,505	17,246,106	-12,591,247	4,654,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	703,692	968,167	1,671,859	17,078	1,688,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-211,213	-211,213	37,347,293	37,136,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	54,873,794	54,873,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,173,701	51,173,701	502,787	51,676,488	73.00
76.00	03950	DIGESTIVE DISEASES	3,199,167	4,419,280	7,618,447	-4,108,008	3,510,439	76.00
76.01	03951	ENTEROSTOMAL	488,978	7,560	496,538	8,466	505,004	76.01
76.02	03952	DIABETIC SERVICE	1,669,861	-185,490	1,484,371	325,639	1,810,010	76.02
76.03	03953	WOUND CARE	874,902	447,742	1,322,644	-35,881	1,286,763	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,803,707	135,104	2,938,811	65,366	3,004,177	76.04
76.08	03956	SLEEP DISORDERS	1,694,794	314,368	2,009,162	33,676	2,042,838	76.08
76.09	03957	PAIN PROGRAM	1,674,031	276,504	1,950,535	34,533	1,985,068	76.09
76.97	07697	CARDIAC REHABILITATION	1,774,685	178,414	1,953,099	144,078	2,097,177	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,726,521	21,173	4,747,694	999,080	5,746,774	90.00
91.00	09100	EMERGENCY	13,391,374	15,788,417	29,179,791	-346,006	28,833,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,647,244	648,611	3,295,855	34,900	3,330,755	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet A Date/Time Prepared: 2/27/2022 10:03 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
			1.00	2.00	3.00	4.00	5.00			
	SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	925,295	2,452,977	3,378,272	-298,393	3,079,879	105.00		
109.00	10900	PANCREAS ACQUISITION	110,804	98,774	209,578	-63,872	145,706	109.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	317,843,022	729,114,894	1,046,957,916	5,964,926	1,052,922,842	118.00		
	NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00		
194.01	07951	BRADLEY HEALTH SVC	855,675	31,533	887,208	12,603	899,811	194.01		
194.02	07952	COMMUNITY CLINIC	63,135	552,209	615,344	108,778	724,122	194.02		
194.03	07953	FUND RAISING	0	8,855,774	8,855,774	-7,141,673	1,714,101	194.03		
194.04	07954	OUTREACH PHYSICIAN	429,248	-324,836	104,412	569,093	673,505	194.04		
194.05	07955	ASC LLC	110,961	-81,255	29,706	730	30,436	194.05		
194.07	07957	RESEARCH, WELLNESS, WC	2,329,618	1,231,976	3,561,594	479,285	4,040,879	194.07		
194.08	07958	INDUSTRIAL REHAB	174,334	18,567	192,901	1,147	194,048	194.08		
194.10	07960	IN-SCHOOL CLINIC	486,942	74,359	561,301	5,111	566,412	194.10		
200.00		TOTAL (SUM OF LINES 118 through 199)	322,292,935	739,473,221	1,061,766,156	0	1,061,766,156	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
2/27/2022 10:03 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	-2,358,144	26,198,312	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,622,509	26,884,590	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,253,780	108,146,692	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	2,408,032	5.01
5.02	00570	ADMITTING	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	0	366,747	5.03
5.04	00550	BUSINESS OFFICE	-13,915,835	19,112,819	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-90,121,415	109,005,800	5.05
6.00	00600	MAINTENANCE & REPAIRS	-120,776	10,040,884	6.00
7.00	00700	OPERATION OF PLANT	0	15,511,857	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,818,357	8.00
9.00	00900	HOUSEKEEPING	-6,000	8,433,936	9.00
10.00	01000	DIETARY	-44,728	7,487,324	10.00
11.00	01100	CAFETERIA	-146,142	1,244,990	11.00
13.00	01300	NURSING ADMINISTRATION	10,536,609	17,320,927	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,115,239	14.00
15.00	01500	PHARMACY	0	15,811,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-233,623	1,200,694	16.00
17.00	01700	SOCIAL SERVICE	633,293	10,041,160	17.00
18.00	01850	PARKING	-5,610	838,051	18.00
20.00	02000	NURSING PROGRAM	-6,187,200	-737,598	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-18,628	18,805,652	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-578	41,511,861	22.00
23.00	02300	PARAMEDICALEDUC - CLS	-44,013	43,394	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	-37,959	112,618	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	-1,780	83,895	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	-5,000	469,493	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	-575	201,708	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,678,098	97,635,695	30.00
31.00	03100	INTENSIVE CARE UNIT	-757,393	28,090,113	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-1,959,625	8,789,045	31.01
41.00	04100	SUBPROVIDER - IRF	0	4,808,553	41.00
43.00	04300	NURSERY	0	1,915,730	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,499,089	27,813,247	50.00
51.00	05100	RECOVERY ROOM	0	3,449,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,031,077	4,614,081	52.00
53.00	05300	ANESTHESIOLOGY	-25,845	3,785,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,748,484	36,349,437	54.00
57.00	05700	CT SCAN	-1,740	3,469,012	57.00
58.00	05800	MRI	-245,544	3,181,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,470,377	59.00
60.00	06000	LABORATORY	-1,888,152	23,542,429	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,211,140	63.00
64.00	06400	INTRAVENOUS THERAPY	-160,658	1,978,617	64.00
65.00	06500	RESPIRATORY THERAPY	-902	8,948,866	65.00
66.00	06600	PHYSICAL THERAPY	-2,003	9,448,497	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,773,659	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,560,881	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,195,355	3,459,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,688,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,136,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,873,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,812,997	49,863,491	73.00
76.00	03950	DIGESTIVE DISEASES	0	3,510,439	76.00
76.01	03951	ENTEROSTOMAL	0	505,004	76.01
76.02	03952	DIABETIC SERVICE	-217,654	1,592,356	76.02
76.03	03953	WOUND CARE	-272,990	1,013,773	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-809,371	2,194,806	76.04
76.08	03956	SLEEP DISORDERS	0	2,042,838	76.08
76.09	03957	PAIN PROGRAM	-726,261	1,258,807	76.09
76.97	07697	CARDIAC REHABILITATION	-677,260	1,419,917	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,122,085	4,624,689	90.00
91.00	09100	EMERGENCY	-11,436,207	17,397,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,330,755	92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	3,079,879	105.00
109.00	10900	PANCREAS ACQUISITION	0	145,706	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet A
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-138,470,605	914,452,237	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	899,811	194.01
194.02	07952	COMMUNITY CLINIC	0	724,122	194.02
194.03	07953	FUND RAISING	0	1,714,101	194.03
194.04	07954	OUTREACH PHYSICIAN	-164,914	508,591	194.04
194.05	07955	ASC LLC	0	30,436	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	4,040,879	194.07
194.08	07958	INDUSTRIAL REHAB	0	194,048	194.08
194.10	07960	IN-SCHOOL CLINIC	0	566,412	194.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-138,635,519	923,130,637	200.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 10:03 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - PATHOLOGIST XVIII CLINICA					
1.00	I&R SERVICES-OTHER PRGM	22.00	30,835	0		1.00
	COSTS APPRV					
	0		30,835	0		
	C - COST OF MEDICAL SUPP SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	37,348,662		1.00
	PATIENT					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
	0		0	37,348,662		
	D - COST OF IMPLANT DEVICE SOLD					
1.00	IMPL. DEV. CHARGED TO	72.00	0	54,873,794		1.00
	PATIENTS					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
	0		0	54,873,794		
	E - COST OF DRUGS CHARGED PTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	327,246		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	327,246		
	F - SHORT TERM DISABILITY					
1.00	PURCHASING RECEIVING AND	5.01	0	3,683		1.00
	STORES					
2.00	OUTPATIENT REVENUES	5.03	0	432		2.00
3.00	OTHER ADMINISTRATIVE AND	5.05	0	13,513		3.00
	GENERAL					
4.00	OPERATION OF PLANT	7.00	0	15,238		4.00
5.00	HOUSEKEEPING	9.00	0	27,371		5.00
6.00	DIETARY	10.00	0	19,655		6.00
7.00	NURSING ADMINISTRATION	13.00	0	8,206		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,265		8.00
9.00	PHARMACY	15.00	0	8,758		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,686		10.00
11.00	I&R SERVICES-SALARY &	21.00	0	8,109		11.00
	FRINGES APPRV					
12.00	ADULTS & PEDIATRICS	30.00	0	172,135		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	24,859		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	10,761		14.00
15.00	SUBPROVIDER - IRF	41.00	0	11,203		15.00
16.00	OPERATING ROOM	50.00	0	70,615		16.00
17.00	RECOVERY ROOM	51.00	0	11,014		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,655		18.00
19.00	ANESTHESIOLOGY	53.00	0	6,589		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,894		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	4,479		21.00
22.00	LABORATORY	60.00	0	14,397		22.00
23.00	RESPIRATORY THERAPY	65.00	0	19,232		23.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 10:03 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	PHYSICAL THERAPY	66.00	0	12,084	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	6,647	25.00
26.00	SPEECH PATHOLOGY	68.00	0	42	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	6,572	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,660	28.00
29.00	DIGESTIVE DISEASES	76.00	0	831	29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	1,156	30.00
31.00	SLEEP DISORDERS	76.08	0	2,981	31.00
32.00	CARDIAC REHABILITATION	76.97	0	2,273	32.00
33.00	CLINIC	90.00	0	3,385	33.00
34.00	EMERGENCY	91.00	0	14,534	34.00
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4,070	35.00
36.00	KIDNEY ACQUISITION	105.00	0	1,130	36.00
37.00	PANCREAS ACQUISITION	109.00	0	45	37.00
38.00	BRADLEY HEALTH SVC	194.01	0	180	38.00
39.00	OUTREACH PHYSICIAN	194.04	0	589	39.00
40.00	RESEARCH, WELLNESS, WC	194.07	0	1,350	40.00
			0	577,278	
G - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	95,368	28,106	1.00
2.00	SPEECH PATHOLOGY	68.00	53,780	15,849	2.00
	TOTALS		149,148	43,955	
H - CON - TRAVEL AND MEETINGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	13,759	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
			0	13,759	
I - CAFETERIA & CATERING EXPENSE					
1.00	CAFETERIA	11.00	1,085,100	306,032	1.00
2.00	RESEARCH, WELLNESS, WC	194.07	221,871	62,574	2.00
			1,306,971	368,606	
J - CENTER FOR HEALTH					
1.00	HOUSEKEEPING	9.00	0	2,896	1.00
			0	2,896	
K - POST TRANSPLANT EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	68,223	11,629	1.00
2.00	SOCIAL SERVICE	17.00	35,743	7,211	2.00
3.00	ADULTS & PEDIATRICS	30.00	229,021	35,279	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	2,431	491	4.00
			335,418	54,610	
L - CON EDUCATIONAL ACTIVITIES					
1.00	NURSING ADMINISTRATION	13.00	187,811	18,336	1.00
			187,811	18,336	
M - MINISTRY ALLOCATION - OSFMG					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,375,387	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	1,375,387	
N - CONTRACT LABOR					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	130,751	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	510,073	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	640,824		
	O - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	935,858		1.00
2.00		0.00	0	0		2.00
			0	935,858		
	P - OSFMG ED SHARED COST					
1.00	EMERGENCY	91.00	161,738	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	73,318		2.00
	0		161,738	73,318		
	Q - FOUNDATION EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,876,164		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	18,070		2.00
3.00	HOUSEKEEPING	9.00	0	1,000		3.00
4.00	NURSING ADMINISTRATION	13.00	0	15,641		4.00
5.00	PHARMACY	15.00	0	1,859		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,122		6.00
7.00	NURSING SCHOOL	20.00	0	305,861		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,000		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	11,815		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	129,149		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	318,476		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	831,827		12.00
13.00	OPERATING ROOM	50.00	0	176,521		13.00
14.00	ANESTHESIOLOGY	53.00	0	83,284		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	201,950		15.00
16.00	MRI	58.00	0	1,050		16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,504		17.00
18.00	PHYSICAL THERAPY	66.00	0	176,105		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	790		19.00
20.00	SPEECH PATHOLOGY	68.00	0	616		20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,468		21.00
22.00	DIABETIC SERVICE	76.02	0	291,551		22.00
23.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	2,520		23.00
24.00	CARDIAC REHABILITATION	76.97	0	59,370		24.00
25.00	CLINIC	90.00	0	875,145		25.00
26.00	EMERGENCY	91.00	0	9,593		26.00
27.00	KIDNEY ACQUISITION	105.00	0	110		27.00
28.00	COMMUNITY CLINIC	194.02	0	112,099		28.00
29.00	OUTREACH PHYSICIAN	194.04	0	560,645		29.00
30.00	RESEARCH, WELLNESS, WC	194.07	0	113,373		30.00
31.00	IN-SCHOOL CLINIC	194.10	0	5,760		31.00
	TOTALS		0	7,192,438		
	R - ANESTHESIA PHYS MED DIR					
1.00	ANESTHESIOLOGY	53.00	0	595,833		1.00
	0		0	595,833		
	S - NURSERY COST					
1.00	NURSERY	43.00	1,267,716	524,005		1.00
2.00		0.00	0	0		2.00
			1,267,716	524,005		
	T - PROPERTY TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	567,945		1.00
2.00		0.00	0	0		2.00
	0		0	567,945		
	U - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,132,644		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,968,401		2.00
3.00	PHARMACY	15.00	0	1,379,372		3.00
4.00	SOCIAL SERVICE	17.00	0	9,364,913		4.00
5.00	PHYSICAL THERAPY	66.00	0	586,511		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	163,701		6.00
7.00	SPEECH PATHOLOGY	68.00	0	92,315		7.00
8.00	BUSINESS OFFICE	5.04	0	33,028,654		8.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		0	57,716,511	
V - PHYSICIAN EXPENSE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	28,263	0	1.00
2.00	OPERATING ROOM	50.00	310,895	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	24,761	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	36,663	0	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	51,065	367,212	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	80,000	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	97,629	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	170,151	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,622	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	723,661	10.00
11.00	ADULTS & PEDIATRICS	30.00	214,140	0	11.00
12.00		0.00	0	0	12.00
	0		665,787	1,444,275	
W - HOSP AND PALLIATIVE CARE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	60,479	1.00
2.00	ADULTS & PEDIATRICS	30.00	227,264	0	2.00
	0		227,264	60,479	
X - SFI/PCI REL PARTY COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,502,151	1.00
2.00	LABORATORY	60.00	0	816,644	2.00
	0		0	12,318,795	
Y - OTHER BENEFITS (VAC/REW/RET)					
1.00	PURCHASING RECEIVING AND STORES	5.01	9,853	0	1.00
2.00	OUTPATIENT REVENUES	5.03	10,047	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,084,217	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	3,248	0	4.00
5.00	OPERATION OF PLANT	7.00	144,974	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	2,875	0	6.00
7.00	HOUSEKEEPING	9.00	178,163	0	7.00
8.00	DIETARY	10.00	193,963	0	8.00
9.00	NURSING ADMINISTRATION	13.00	247,528	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	20,632	0	10.00
11.00	PHARMACY	15.00	63,200	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	8,480	0	12.00
13.00	NURSING SCHOOL	20.00	110,383	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	270,518	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	56,904	0	15.00
16.00	PARAMEDICALEDUC - CLS	23.00	1,244	0	16.00
17.00	PARAMEDICAL EDUC X-RAY	23.01	3,203	0	17.00
18.00	PARAMEDICAL EDUC DIETARY	23.02	7,864	0	18.00
19.00	PARAMED ED PRGM- PGY 1	23.04	4,511	0	19.00
20.00	PARAMED ED PRGM- PASTORAL	23.05	12,009	0	20.00
21.00	ADULTS & PEDIATRICS	30.00	1,250,339	0	21.00
22.00	INTENSIVE CARE UNIT	31.00	363,333	0	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	31.01	344,156	0	23.00
24.00	SUBPROVIDER - IRF	41.00	61,171	0	24.00
25.00	NURSERY	43.00	8	0	25.00
26.00	OPERATING ROOM	50.00	451,361	0	26.00
27.00	RECOVERY ROOM	51.00	63,066	0	27.00
28.00	DELIVERY ROOM & LABOR ROOM	52.00	99,370	0	28.00
29.00	ANESTHESIOLOGY	53.00	18,212	0	29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	369,526	0	30.00
31.00	CT SCAN	57.00	46,726	0	31.00
32.00	MRI	58.00	49,167	0	32.00
33.00	CARDIAC CATHETERIZATION	59.00	20,036	0	33.00
34.00	LABORATORY	60.00	329,905	0	34.00
35.00	BLOOD STORING, PROCESSING & TRANS.	63.00	10,464	0	35.00
36.00	INTRAVENOUS THERAPY	64.00	54,322	0	36.00
37.00	RESPIRATORY THERAPY	65.00	119,667	0	37.00
38.00	PHYSICAL THERAPY	66.00	54,789	0	38.00
39.00	OCCUPATIONAL THERAPY	67.00	15,937	0	39.00
40.00	SPEECH PATHOLOGY	68.00	9,018	0	40.00
41.00	ELECTROCARDIOLOGY	69.00	83,877	0	41.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2020
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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
42.00	ELECTROENCEPHALOGRAPHY	70.00	17,078	0		42.00
43.00	DIGESTIVE DISEASES	76.00	58,780	0		43.00
44.00	ENTEROSTOMAL	76.01	8,466	0		44.00
45.00	DIABETIC SERVICE	76.02	38,653	0		45.00
46.00	WOUND CARE	76.03	35,449	0		46.00
47.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	76,901	0		47.00
48.00	SLEEP DISORDERS	76.08	35,011	0		48.00
49.00	PAIN PROGRAM	76.09	35,724	0		49.00
50.00	CARDIAC REHABILITATION	76.97	87,958	0		50.00
51.00	CLINIC	90.00	133,114	0		51.00
52.00	EMERGENCY	91.00	279,747	0		52.00
53.00	OBSERVATION BEDS (DISTINCT PART)	92.01	34,900	0		53.00
54.00	KIDNEY ACQUISITION	105.00	26,174	0		54.00
55.00	PANCREAS ACQUISITION	109.00	1,479	0		55.00
56.00	BRADLEY HEALTH SVC	194.01	12,603	0		56.00
57.00	COMMUNITY CLINIC	194.02	1,165	0		57.00
58.00	FUND RAISING	194.03	50,765	0		58.00
59.00	OUTREACH PHYSICIAN	194.04	8,448	0		59.00
60.00	ASC LLC	194.05	730	0		60.00
61.00	RESEARCH, WELLNESS, WC	194.07	81,467	0		61.00
62.00	INDUSTRIAL REHAB	194.08	1,147	0		62.00
63.00	IN-SCHOOL CLINIC	194.10	14,872	0		63.00
0			7,288,897	0		
500.00	Grand Total: Increases		11,621,585	177,074,810		500.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

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	Decreases						2/27/2022 10:03 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - PATHOLOGIST XVIII CLINICA						
1.00	LABORATORY	60.00	30,835	0	0		1.00
	0		30,835	0			
	C - COST OF MEDICAL SUPP SOLD						
1.00	PHARMACY	15.00	0	411,970	0		1.00
2.00	OPERATING ROOM	50.00	0	18,241,523	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	49,671	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,994,317	0		4.00
5.00	CT SCAN	57.00	0	817,089	0		5.00
6.00	MRI	58.00	0	589,114	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	4,594,415	0		7.00
8.00	LABORATORY	60.00	0	28,041	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	87,618	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	3,596,979	0		10.00
11.00	DIGESTIVE DISEASES	76.00	0	2,937,925	0		11.00
	0		0	37,348,662			
	D - COST OF IMPLANT DEVICE SOLD						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	107,116	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	219	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,099	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	840	0		4.00
5.00	OPERATING ROOM	50.00	0	32,435,676	0		5.00
6.00	RECOVERY ROOM	51.00	0	558	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,171,172	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	8,664,938	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	123,600	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	9,074,895	0		10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		1,369	0		11.00
12.00	DIGESTIVE DISEASES	76.00	0	1,220,102	0		12.00
13.00	WOUND CARE	76.03	0	68,960	0		13.00
14.00	CARDIAC REHABILITATION	76.97	0	3,250	0		14.00
	0		0	54,873,794			
	E - COST OF DRUGS CHARGED PTS						
1.00	OPERATING ROOM	50.00	0	57,579	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,837	0		2.00
3.00	CT SCAN	57.00	0	96,181	0		3.00
4.00	MRI	58.00	0	20,703	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	48,972	0		5.00
6.00	LABORATORY	60.00	0	813	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	155	0		7.00
8.00	DIGESTIVE DISEASES	76.00	0	1,021	0		8.00
9.00	WOUND CARE	76.03	0	1,102	0		9.00
10.00	EMERGENCY	91.00	0	67,883	0		10.00
	0		0	327,246			
	F - SHORT TERM DISABILITY						
1.00	PURCHASING RECEIVING AND STORES	5.01	3,683	0	0		1.00
2.00	OUTPATIENT REVENUES	5.03	432	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	13,513	0	0		3.00
4.00	OPERATION OF PLANT	7.00	15,238	0	0		4.00
5.00	HOUSEKEEPING	9.00	27,371	0	0		5.00
6.00	DIETARY	10.00	19,655	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	8,206	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	9,265	0	0		8.00
9.00	PHARMACY	15.00	8,758	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	10,686	0	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	8,109	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	172,135	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	24,859	0	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	31.01	10,761	0	0		14.00
15.00	SUBPROVIDER - IRF	41.00	11,203	0	0		15.00
16.00	OPERATING ROOM	50.00	70,615	0	0		16.00
17.00	RECOVERY ROOM	51.00	11,014	0	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	14,655	0	0		18.00
19.00	ANESTHESIOLOGY	53.00	6,589	0	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	31,894	0	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	4,479	0	0		21.00
22.00	LABORATORY	60.00	14,397	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	19,232	0	0		23.00

RECLASSIFICATIONS

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		Decreases			wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
24.00	PHYSICAL THERAPY	66.00	12,084	0	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	6,647	0	0		25.00
26.00	SPEECH PATHOLOGY	68.00	42	0	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	6,572	0	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	2,660	0	0		28.00
29.00	DIGESTIVE DISEASES	76.00	831	0	0		29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	1,156	0	0		30.00
31.00	SLEEP DISORDERS	76.08	2,981	0	0		31.00
32.00	CARDIAC REHABILITATION	76.97	2,273	0	0		32.00
33.00	CLINIC	90.00	3,385	0	0		33.00
34.00	EMERGENCY	91.00	14,534	0	0		34.00
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	4,070	0	0		35.00
36.00	KIDNEY ACQUISITION	105.00	1,130	0	0		36.00
37.00	PANCREAS ACQUISITION	109.00	45	0	0		37.00
38.00	BRADLEY HEALTH SVC	194.01	180	0	0		38.00
39.00	OUTREACH PHYSICIAN	194.04	589	0	0		39.00
40.00	RESEARCH, WELLNESS, WC	194.07	1,350	0	0		40.00
			577,278	0			
G - REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	149,148	43,955	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		149,148	43,955			
H - CON - TRAVEL AND MEETINGS							
1.00		0.00	0	0	0		1.00
2.00	NURSING SCHOOL	20.00	0	12,768	0		2.00
3.00	PARAMEDICALEDUC - CLS	23.00	0	275	0		3.00
4.00	PARAMEDICAL EDUC X-RAY	23.01	0	78	0		4.00
5.00	PARAMED ED PRGM- PGY 1	23.04	0	638	0		5.00
			0	13,759			
I - CAFETERIA & CATERING EXPENSE							
1.00	DIETARY	10.00	1,306,971	368,606	0		1.00
2.00		0.00	0	0	0		2.00
			1,306,971	368,606			
J - CENTER FOR HEALTH							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,896	0		1.00
			0	2,896			
K - POST TRANSPLANT EXPENSE							
1.00	KIDNEY ACQUISITION	105.00	270,170	54,507	0		1.00
2.00	PANCREAS ACQUISITION	109.00	65,248	103	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
			335,418	54,610			
L - CON EDUCATIONAL ACTIVITIES							
1.00	NURSING SCHOOL	20.00	187,811	18,336	0		1.00
			187,811	18,336			
M - MINISTRY ALLOCATION - OSFMG							
1.00	ADULTS & PEDIATRICS	30.00	0	891,104	0		1.00
2.00	EMERGENCY	91.00	0	484,283	0		2.00
	TOTALS		0	1,375,387			
N - CONTRACT LABOR							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,197	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	500,476	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	10,730	0		3.00
4.00	PHARMACY	15.00	0	8,400	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	3,555	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	695	0		6.00
7.00	OPERATING ROOM	50.00	0	4,991	0		7.00
8.00	RECOVERY ROOM	51.00	0	805	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	6,565	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,628	0		10.00
11.00	CT SCAN	57.00	0	1,605	0		11.00
12.00	MRI	58.00	0	3,870	0		12.00
13.00	LABORATORY	60.00	0	590	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	310	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	30,709	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	2,290	0		16.00
17.00	SPEECH PATHOLOGY	68.00	0	4,740	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	3,095	0		18.00
19.00	DIGESTIVE DISEASES	76.00	0	7,740	0		19.00
20.00	DIABETIC SERVICE	76.02	0	4,565	0		20.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
21.00	WOUND CARE	76.03	0	1,268	0	21.00
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	14,055	0	22.00
23.00	SLEEP DISORDERS	76.08	0	1,335	0	23.00
24.00	PAIN PROGRAM	76.09	0	1,191	0	24.00
25.00	CLINIC	90.00	0	9,179	0	25.00
26.00	EMERGENCY	91.00	0	4,240	0	26.00
	TOTALS		0	640,824		
O - PROPERTY INSURANCE						
1.00		0.00	0	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	935,858	12	2.00
	0		0	935,858		
P - OSFMG ED SHARED COST						
1.00	EMERGENCY	91.00	0	235,056	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	235,056		
Q - FOUNDATION EXPENSE						
1.00	FUND RAISING	194.03	0	7,192,438	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
	TOTALS		0	7,192,438		
R - ANESTHESIA PHYS MED DIR						
1.00	OPERATING ROOM	50.00	0	595,833	0	1.00
	0		0	595,833		
S - NURSERY COST						
1.00	ADULTS & PEDIATRICS	30.00	935,488	98,490	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	332,228	425,515	0	2.00
	0		1,267,716	524,005		
T - PROPERTY TAXES						
1.00		0.00	0	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	567,945	13	2.00
	0		0	567,945		
U - MINISTRY ALLOCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	57,716,511	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
	0		0	57,716,511		

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	V - PHYSICIAN EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	339,158	0	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	45,903	0	0		2.00	
3.00	IN-SCHOOL CLINIC	194.10	15,521	0	0		3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	6,384	0	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	40,195	367,212	0		5.00	
6.00	COMMUNITY CLINIC	194.02	4,486	0	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	177,629	0		7.00	
8.00	PHARMACY	15.00	0	170,151	0		8.00	
9.00	EMERGENCY	91.00	0	5,622	0		9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	669,735	0	0		10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	53,926	0		11.00	
12.00	NURSING ADMINISTRATION	13.00	214,140	0	0		12.00	
			1,335,522	774,540				
	W - HOSP AND PALLIATIVE CARE							
1.00	ADULTS & PEDIATRICS	30.00	0	287,743	0		1.00	
2.00		0.00	0	0	0		2.00	
			0	287,743				
	X - SFI/PCI REL PARTY COST							
1.00	MAINTENANCE & REPAIRS	6.00	0	12,318,795	0		1.00	
2.00		0.00	0	0	0		2.00	
			0	12,318,795				
	Y - OTHER BENEFITS (VAC/REW/RET)							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,091,066	2,197,831	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00		0.00	0	0	0		35.00	
36.00		0.00	0	0	0		36.00	
37.00		0.00	0	0	0		37.00	
38.00		0.00	0	0	0		38.00	
39.00		0.00	0	0	0		39.00	
40.00		0.00	0	0	0		40.00	
41.00		0.00	0	0	0		41.00	
42.00		0.00	0	0	0		42.00	
43.00		0.00	0	0	0		43.00	
44.00		0.00	0	0	0		44.00	
45.00		0.00	0	0	0		45.00	
46.00		0.00	0	0	0		46.00	
47.00		0.00	0	0	0		47.00	
48.00		0.00	0	0	0		48.00	

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
	0		5,091,066	2,197,831			
500.00	Grand Total: Decreases		10,281,765	178,414,630			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/27/2022 10:03 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	11,692,483	343,450	0	343,450	0	1.00	
2.00	Land Improvements	9,486,909	378,227	0	378,227	0	2.00	
3.00	Buildings and Fixtures	724,497,121	12,268,443	0	12,268,443	0	3.00	
4.00	Building Improvements	1,211,239	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	259,386,284	15,770,350	0	15,770,350	71,908	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	1,006,274,036	28,760,470	0	28,760,470	71,908	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,006,274,036	28,760,470	0	28,760,470	71,908	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	12,035,933	0					1.00
2.00	Land Improvements	9,865,136	0					2.00
3.00	Buildings and Fixtures	736,765,564	0					3.00
4.00	Building Improvements	1,211,239	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	275,084,726	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	1,034,962,598	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	1,034,962,598	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/27/2022 10:03 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	27,460,993	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,853,741	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	39,314,734	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	27,460,993				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,853,741				2.00
3.00	Total (sum of lines 1-2)	0	39,314,734				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/27/2022 10:03 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	737,976,803	0	737,976,803	0.728462	681,737	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	275,084,726	0	275,084,726	0.271538	254,121	2.00
3.00	Total (sum of lines 1-2)	1,013,061,529	0	1,013,061,529	1.000000	935,858	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	413,726	0	1,095,463	25,102,849	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	154,219	0	408,340	26,476,250	0	2.00
3.00	Total (sum of lines 1-2)	567,945	0	1,503,803	51,579,099	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	681,737	413,726	0	26,198,312	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	254,121	154,219	0	26,884,590	2.00
3.00	Total (sum of lines 1-2)	0	935,858	567,945	0	53,082,902	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
2/27/2022 10:03 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				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)	A	-5,610	PARKING	18.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-42,187,764			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-38,540,368			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-115,932	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-6,169,267	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-70,409	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-4,248,342	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	5,143,346	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	3,834,675	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RN-BSN TUITION REVENUES	B	-117,058	NURSING ADMINISTRATION	13.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.08	OCCUP MED PORTION OF EE HEALTH SERVI	A	-190,070	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
34.03	TUITION CLS LAB TECH SCHOOL	B	-44,013	PARAMEDICALEDUC - CLS	23.00	0	34.03
34.05	TUITION X-RAY TECH SCHOOL	B	-37,959	PARAMEDICAL EDUC X-RAY	23.01	0	34.05
34.06	TUITION X-RAY DIETARY	B	-1,780	PARAMEDICAL EDUC DIETARY	23.02	0	34.06
35.00	TUITION REVENUE - PHARMACY PGY 1	B	-5,000	PARAMED ED PRGM- PGY 1	23.04	0	35.00
35.01	TUITION REVENUE - PASTORAL	B	-575	PARAMED ED PRGM- PASTORAL	23.05	0	35.01
35.02	CONTRACT PHARMACY	A	-1,899,781	DRUGS CHARGED TO PATIENTS	73.00	0	35.02
35.03	BRANDING REVENUE	B	-75,733	CAFETERIA	11.00	0	35.03
35.04	LOBBYING COSTS - ASSOC DUES - ADMIN	A	-93,026	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.04
36.00	OTHER REVENUE OFFSET	B	-306	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00	OTHER REVENUE OFFSET	B	-28,375	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	37.00
37.01	OTHER REVENUE OFFSET	B	-1,720	CARDIAC REHABILITATION	76.97	0	37.01
38.00	OTHER REVENUE OFFSET	B	-6,000	HOUSEKEEPING	9.00	0	38.00
38.01	OTHER REVENUE OFFSET	B	-44,728	DIETARY	10.00	0	38.01
38.02	OTHER REVENUE OFFSET	B	-5,200	NURSING ADMINISTRATION	13.00	0	38.02
39.00	OTHER REVENUE OFFSET - ST. JUDE	B	-859,418	CLINIC	90.00	0	39.00
39.01	OTHER REVENUE OFFSET	B	0	LABORATORY	60.00	0	39.01
39.02	OTHER REVENUE OFFSET	B	-17,933	NURSING SCHOOL	20.00	0	39.02
40.00	OTHER REVENUE OFFSET	B	-298	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.00
40.01	OTHER REVENUE OFFSET	B	-18	OPERATING ROOM	50.00	0	40.01
40.02	OTHER REVENUE OFFSET	B	-44,277	RADIOLOGY-DIAGNOSTIC	54.00	0	40.02
40.03	OTHER REVENUE OFFSET	B	-1,685	PHYSICAL THERAPY	66.00	0	40.03
40.04	OTHER REVENUE OFFSET	B	-902	RESPIRATORY THERAPY	65.00	0	40.04
40.05	OTHER REVENUE OFFSET	B	-29,915	DIABETIC SERVICE	76.02	0	40.05
40.06	OTHER REVENUE OFFSET	B	-280	BUSINESS OFFICE	5.04	0	40.06
40.07	OTHER REVENUE OFFSET	B	-2,270	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	40.07
40.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.08
40.09	OTHER REVENUE OFFSET	B	-78,138	EMERGENCY	91.00	0	40.09
40.10	CAT EKG STORAGE FEE	B	-1,195,355	ELECTROCARDIOLOGY	69.00	0	40.10
40.12	MEDICAID ASSESSMENT TAX	A	-44,889,640	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.12
40.13	NON-ALLOWABLE MARKETING	A	-89,179	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.13
40.14	NON-ALLOWABLE MARKETING	A	-1,875	NURSING ADMINISTRATION	13.00	0	40.14
40.15	NON-ALLOWABLE MARKETING	A	-1,740	CT SCAN	57.00	0	40.15
40.16	NON-ALLOWABLE MARKETING	A	-318	PHYSICAL THERAPY	66.00	0	40.16
40.17	NON-ALLOWABLE MARKETING	A	-445	CARDIAC REHABILITATION	76.97	0	40.17
40.20	NON-ALLOWABLE MARKETING	A	-15,631	CLINIC	90.00	0	40.20
40.21	NON-ALLOWABLE MARKETING	A	-1,740	EMERGENCY	91.00	0	40.21
40.23	MOONLIGHTING RESIDENTS	A	-28,571	MEDICAL RECORDS & LIBRARY	16.00	0	40.23
40.24	MOONLIGHTING RESIDENTS	A	-18,628	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	40.24
40.27	MOONLIGHTING RESIDENTS	A	-280	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.27
40.29	MOONLIGHTING RESIDENTS	A	-139,526	ADULTS & PEDIATRICS	30.00	0	40.29
40.30	MOONLIGHTING RESIDENTS	A	-72,872	MRI	58.00	0	40.30
40.31	MOONLIGHTING RESIDENTS - EB OFFSET	A	-46,833	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.31
40.35	CLINIC PSYCH SAL PART B OFFSET	A	-732,639	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	40.35
40.37	CLINIC PSYCH SAL PART B OFFSET	A	-155,661	PAIN PROGRAM	76.09	0	40.37
40.38	CLINIC PSYCH SAL PART B OFFSET	A	-2,511	CLINIC	90.00	0	40.38
40.39	CLINIC PSYCH PART B OFFSET BE	A	-191,948	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.39
40.40	DONATIONS	A	-2,232,442	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.40
40.44	PART B PHYSICIAN COMPENSATION	A	-388,006	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.44
40.46	PENSION COST	A	4,053,974	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.46
40.47	APP / PA PART B SALARIES	A	-36,101	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.47

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
2/27/2022 10:03 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	
40.48	APP / PA PART B SALARIES	A	-382,560	ADULTS & PEDIATRICS	30.00	0	40.48
40.49	APP / PA PART B SALARIES	A	-700,188	INTENSIVE CARE UNIT	31.00	0	40.49
40.50	APP / PA PART B SALARIES	A	-1,959,625	NEONATAL INTENSIVE CARE UNIT	31.01	0	40.50
40.51	APP / PA PART B SALARIES	A	-126,673	OPERATING ROOM	50.00	0	40.51
41.00	APP / PA PART B SALARIES	A	-115,792	DELIVERY ROOM & LABOR ROOM	52.00	0	41.00
41.02	APP / PA PART B SALARIES	A	-131,288	INTRAVENOUS THERAPY	64.00	0	41.02
41.03	APP / PA PART B SALARIES	A	-128,571	DIABETIC SERVICE	76.02	0	41.03
41.04	APP / PA PART B SALARIES	A	-213,382	WOUND CARE	76.03	0	41.04
41.05	APP / PA PART B SALARIES	A	-226,604	PAIN PROGRAM	76.09	0	41.05
41.06	APP / PA PART B SALARIES	A	-597,618	CARDIAC REHABILITATION	76.97	0	41.06
41.07	APP / PA PART B SALARIES	A	-196,426	CLINIC	90.00	0	41.07
41.08	APP / PA PART B SALARIES	A	-739,665	EMERGENCY	91.00	0	41.08
41.09	APP / PART B BENEFITS	A	-983,031	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.09
41.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-138,635,519				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: 14-0067

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2022 10:03 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	2,613,712	10,115,202	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	10,787,834	0	2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY CHG - A & G	66,660,635	105,069,394	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	11,132,644	11,132,644	3.01
3.02	5.01	PURCHASING RECEIVING AND STO	MINISTRY CHG - POOLED MAT MG	4,039,504	4,039,504	3.02
3.03	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED ENGINE	1,968,401	1,968,401	3.03
3.04	66.00	PHYSICAL THERAPY	MINISTRY CHG - REHAB ADMIN -	586,511	586,511	3.04
3.05	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - REHAB ADMIN -	163,701	163,701	3.05
3.06	68.00	SPEECH PATHOLOGY	MINISTRY CHG - REHAB ADMIN -	92,315	92,315	3.06
3.07	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - PHARMACY	5,055,496	5,055,496	3.07
3.08	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY CHG - MINISTRY ALLO	1,375,387	1,375,387	3.08
3.09	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	10,663,465	0	3.09
3.10	5.04	BUSINESS OFFICE	MINISTRY CHG - FUNCTIONAL RE	19,113,099	33,028,654	3.10
3.11	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	9,998,206	9,364,913	3.11
3.12	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - FUNCTINAL - P	86,784	0	3.12
3.13	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY CHG - OSFMG	1,375,387	1,375,387	3.13
3.14	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - EICU A&P	582,195	582,195	3.14
3.15	31.00	INTENSIVE CARE UNIT	MINISTRY CHG - EICU ICU	1,546,792	1,546,792	3.15
4.00	6.00	MAINTENANCE & REPAIRS	SFI / PCI - HEALTHCARE TECH	2,378,894	2,499,670	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI - HEALTHCARE TECH	10,946,405	11,502,151	4.01
4.02	60.00	LABORATORY	SFI / PCI - HEALTHCARE TECH	777,186	816,644	4.02
4.03	5.05	OTHER ADMINISTRATIVE AND GEN	SFI / PCI - CREDENTIALING	357,279	357,279	4.03
4.04	58.00	MRI	SFI / PCI - MOBILE MRI	6,954	12,000	4.04
4.05	194.04	OUTREACH PHYSICIAN	SFI / PCI - RENT	117,237	282,151	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			162,426,023	200,966,391	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	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: 14-0067

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2022 10:03 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	-7,501,490	9		1.00
2.00	10,787,834	9		2.00
3.00	-38,408,759	0		3.00
3.01	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
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	10,663,465	0		3.09
3.10	-13,915,555	0		3.10
3.11	633,293	0		3.11
3.12	86,784	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
4.00	-120,776	0		4.00
4.01	-555,746	0		4.01
4.02	-39,458	0		4.02
4.03	0	0		4.03
4.04	-5,046	0		4.04
4.05	-164,914	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	-38,540,368			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: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2022 10:03 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	5.05	OTHER ADMINISTRATIVE AND GENERAL	95,551	95,551	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,723	2,723	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	89,120	89,120	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	16,156,012	16,156,012	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	57,205	57,205	0	0	0	5.00
6.00	50.00	OPERATING ROOM	8,372,398	8,372,398	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	915,285	915,285	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	25,845	25,845	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	3,148,461	3,148,461	0	0	0	9.00
10.00	58.00	MRI	167,626	167,626	0	0	0	10.00
11.00	60.00	LABORATORY	1,952,689	1,817,889	134,800	260,300	831	11.00
12.00	64.00	INTRAVENOUS THERAPY	29,370	29,370	0	0	0	12.00
13.00	76.02	DIABETIC SERVICE	59,168	59,168	0	0	0	13.00
14.00	76.03	WOUND CARE	59,608	59,608	0	0	0	14.00
15.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	74,462	74,462	0	0	0	15.00
16.00	76.09	PAIN PROGRAM	343,996	343,996	0	0	0	16.00
17.00	76.97	CARDIAC REHABILITATION	77,477	77,477	0	0	0	17.00
18.00	90.00	CLINIC	48,099	48,099	0	0	0	18.00
19.00	91.00	EMERGENCY	10,616,664	10,616,664	0	0	0	19.00
200.00			42,291,759	42,156,959	134,800		831	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2022 10:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	58.00	MRI	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	103,995	5,200	0	0	0	11.00
12.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	12.00
13.00	76.02	DIABETIC SERVICE	0	0	0	0	0	13.00
14.00	76.03	WOUND CARE	0	0	0	0	0	14.00
15.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	15.00
16.00	76.09	PAIN PROGRAM	0	0	0	0	0	16.00
17.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
200.00			103,995	5,200	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2022 10:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	95,551		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	2,723		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	89,120		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	16,156,012		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	57,205		5.00
6.00	50.00	OPERATING ROOM	0	0	0	8,372,398		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	915,285		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	25,845		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,148,461		9.00
10.00	58.00	MRI	0	0	0	167,626		10.00
11.00	60.00	LABORATORY	0	103,995	30,805	1,848,694		11.00
12.00	64.00	INTRAVENOUS THERAPY	0	0	0	29,370		12.00
13.00	76.02	DIABETIC SERVICE	0	0	0	59,168		13.00
14.00	76.03	WOUND CARE	0	0	0	59,608		14.00
15.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	74,462		15.00
16.00	76.09	PAIN PROGRAM	0	0	0	343,996		16.00
17.00	76.97	CARDIAC REHABILITATION	0	0	0	77,477		17.00
18.00	90.00	CLINIC	0	0	0	48,099		18.00
19.00	91.00	EMERGENCY	0	0	0	10,616,664		19.00
200.00			0	103,995	30,805	42,187,764		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	26,198,312	26,198,312			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	26,884,590	26,884,590			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	108,146,692	96,969	508	108,244,169	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	2,408,032	58,078	12,471	484,529	2,963,110
5.02	00570	ADMITTING	0	111,611	0	0	0
5.03	00540	OUTPATIENT REVENUES	366,747	0	0	122,616	175
5.04	00550	BUSINESS OFFICE	19,112,819	0	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	109,005,800	2,013,894	13,534,455	5,713,662	568,633
6.00	00600	MAINTENANCE & REPAIRS	10,040,884	4,654,080	562,365	173,531	46,531
7.00	00700	OPERATION OF PLANT	15,511,857	503,514	489,860	1,899,491	70,014
8.00	00800	LAUNDRY & LINEN SERVICE	2,818,357	58,321	0	153,643	18,137
9.00	00900	HOUSEKEEPING	8,433,936	192,446	21,010	2,234,991	111,322
10.00	01000	DIETARY	7,487,324	216,550	47,880	2,059,107	7,503
11.00	01100	CAFETERIA	1,244,990	40,693	3,564	378,823	1,568
13.00	01300	NURSING ADMINISTRATION	17,320,927	190,936	413,121	2,262,767	7,833
14.00	01400	CENTRAL SERVICES & SUPPLY	3,115,239	61,633	117,020	904,074	9,200
15.00	01500	PHARMACY	15,811,467	1,489,944	159,426	3,333,260	35,330
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200,694	105,589	3,733	310,767	990
17.00	01700	SOCIAL SERVICE	10,041,160	0	0	12,478	0
18.00	01850	PARKING	838,051	860	487,893	0	84
20.00	02000	NURSING PROGRAM	-737,598	1,003,912	40,968	1,643,509	9,862
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,805,652	1,281,997	0	5,957,054	6,312
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	41,511,861	47,154	4,795	2,282,871	1,446
23.00	02300	PARAMEDICALEDUC - CLS	43,394	9,577	0	26,679	342
23.01	02301	PARAMEDICAL EDUC X-RAY	112,618	18,228	0	51,728	44
23.02	02302	PARAMEDICAL EDUC DIETARY	83,895	16,995	0	28,646	0
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- PGY 1	469,493	7,110	0	165,389	0
23.05	02305	PARAMED ED PRGM- PASTORAL	201,708	28,633	0	64,740	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,635,695	5,318,823	103,509	23,496,028	330,134
31.00	03100	INTENSIVE CARE UNIT	28,090,113	656,159	142,434	5,738,834	145,211
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,789,045	448,277	187,884	2,603,315	37,716
41.00	04100	SUBPROVIDER - IRF	4,808,553	70,674	29,756	1,068,360	14,041
43.00	04300	NURSERY	1,915,730	20,225	243,217	442,996	15,464
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,813,247	2,084,357	1,788,644	6,516,142	333,524
51.00	05100	RECOVERY ROOM	3,449,226	87,425	12,059	1,154,763	501
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,614,081	212,557	91,465	1,423,906	22,560
53.00	05300	ANESTHESIOLOGY	3,785,177	25,143	274,621	352,677	2,650
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,349,437	1,312,708	2,123,451	5,796,720	538,232
57.00	05700	CT SCAN	3,469,012	62,314	843,389	1,002,656	95,738
58.00	05800	MRI	3,181,201	248,689	1,601,331	942,926	4,170
59.00	05900	CARDIAC CATHETERIZATION	1,470,377	136,381	526,231	563,408	22,094
60.00	06000	LABORATORY	23,542,429	613,940	733,415	4,848,213	304,179
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,211,140	123,152	834	264,513	19,963
64.00	06400	INTRAVENOUS THERAPY	1,978,617	36,246	4,865	486,520	3,529
65.00	06500	RESPIRATORY THERAPY	8,948,866	129,985	264,109	2,257,407	1,532
66.00	06600	PHYSICAL THERAPY	9,448,497	124,466	64,716	2,784,668	9,705
67.00	06700	OCCUPATIONAL THERAPY	2,773,659	46,764	21,709	882,549	828
68.00	06800	SPEECH PATHOLOGY	1,560,881	5,908	0	500,602	745
69.00	06900	ELECTROCARDIOLOGY	3,459,504	175,321	783,278	1,651,970	3,675
70.00	07000	ELECTROENCEPHALOGRAPHY	1,688,937	3,977	95,553	250,702	2,626
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,136,080	0	0	0	3,716
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,873,794	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	49,863,491	0	5,236	849	5
76.00	03950	DIGESTIVE DISEASES	3,510,439	143,295	0	1,137,102	24,621
76.01	03951	ENTEROSTOMAL	505,004	0	621,545	173,664	240
76.02	03952	DIABETIC SERVICE	1,592,356	73,401	0	530,922	300
76.03	03953	WOUND CARE	1,013,773	73,368	11,569	222,511	2,647
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,194,806	217,589	0	726,469	7,388
76.08	03956	SLEEP DISORDERS	2,042,838	0	46,095	602,857	19,774
76.09	03957	PAIN PROGRAM	1,258,807	58,110	413	355,351	1,572
76.97	07697	CARDIAC REHABILITATION	1,419,917	31,847	17,753	413,795	789
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,624,689	161,962	96,258	1,625,929	6,983
91.00	09100	EMERGENCY	17,397,578	593,341	181,473	4,288,655	70,735
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,330,755	241,044	13,619	934,950	12,291	92.01
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,079,879	27,886	1,034	237,456	0	105.00
109.00	10900	PANCREAS ACQUISITION	145,706	0	0	16,405	90	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	914,452,237	25,774,058	26,830,534	106,561,145	2,955,301	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,914	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	899,811	0	0	303,064	616	194.01
194.02	07952	COMMUNITY CLINIC	724,122	0	0	20,882	0	194.02
194.03	07953	FUND RAISING	1,714,101	2,776	2,069	17,723	0	194.03
194.04	07954	OUTREACH PHYSICIAN	508,591	371,370	0	152,600	240	194.04
194.05	07955	ASC LLC	30,436	0	14,765	38,993	673	194.05
194.07	07957	RESEARCH, WELLNESS, WC	4,040,879	32,886	15,631	918,728	4,503	194.07
194.08	07958	INDUSTRIAL REHAB	194,048	0	12,874	61,263	29	194.08
194.10	07960	IN-SCHOOL CLINIC	566,412	308	8,717	169,771	1,748	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	923,130,637	26,198,312	26,884,590	108,244,169	2,963,110	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	111,611					5.02
5.03	00540	OUTPATIENT REVENUES	0	489,538				5.03
5.04	00550	BUSINESS OFFICE	0	0	19,112,819			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	130,836,444	130,836,444	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	15,477,391	2,555,874	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	18,474,736	3,050,844	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,048,458	503,410	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,993,705	1,815,456	9.00
10.00	01000	DIETARY	0	0	0	9,818,364	1,621,365	10.00
11.00	01100	CAFETERIA	0	0	0	1,669,638	275,717	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,195,584	3,335,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,207,166	694,755	14.00
15.00	01500	PHARMACY	0	0	0	20,829,427	3,439,688	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,621,773	267,813	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,053,638	1,660,218	17.00
18.00	01850	PARKING	0	0	0	1,326,888	219,117	18.00
20.00	02000	NURSING PROGRAM	0	0	0	1,960,653	323,774	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	26,051,015	4,301,960	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	43,848,127	7,240,904	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	79,992	13,210	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	182,618	30,157	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	129,536	21,391	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	641,992	106,016	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	295,088	48,730	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,064	0	1,567,250	128,460,503	21,213,605	30.00
31.00	03100	INTENSIVE CARE UNIT	2,947	0	509,542	35,285,240	5,826,863	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	812	0	140,420	12,207,469	2,015,893	31.01
41.00	04100	SUBPROVIDER - IRF	375	0	64,897	6,056,656	1,000,172	41.00
43.00	04300	NURSERY	690	0	119,376	2,757,698	455,395	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,956	51,776	1,721,541	40,319,187	6,658,149	50.00
51.00	05100	RECOVERY ROOM	1,615	10,166	279,333	4,995,088	824,869	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	606	803	104,744	6,470,722	1,068,549	52.00
53.00	05300	ANESTHESIOLOGY	5,716	29,520	988,420	5,463,924	902,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,715	75,912	1,852,769	48,059,944	7,936,427	54.00
57.00	05700	CT SCAN	4,629	24,717	800,365	6,302,820	1,040,822	57.00
58.00	05800	MRI	1,992	13,490	344,385	6,338,184	1,046,662	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,602	11,615	449,941	3,182,649	525,570	59.00
60.00	06000	LABORATORY	12,654	60,843	2,188,128	32,303,801	5,334,520	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	377	707	65,196	5,685,882	938,944	63.00
64.00	06400	INTRAVENOUS THERAPY	245	2,409	42,416	2,554,847	421,897	64.00
65.00	06500	RESPIRATORY THERAPY	4,478	3,692	774,284	12,384,353	2,045,103	65.00
66.00	06600	PHYSICAL THERAPY	989	4,537	170,929	12,608,507	2,082,118	66.00
67.00	06700	OCCUPATIONAL THERAPY	425	939	73,470	3,800,343	627,573	67.00
68.00	06800	SPEECH PATHOLOGY	205	467	35,504	2,104,312	347,498	68.00
69.00	06900	ELECTROCARDIOLOGY	4,207	26,591	727,487	6,832,033	1,128,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	568	1,132	98,177	2,141,672	353,667	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,085	13,032	533,442	37,689,355	6,223,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,613	27,936	1,143,434	56,051,777	9,256,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,985	67,729	2,750,727	52,705,022	8,703,497	73.00
76.00	03950	DIGESTIVE DISEASES	2,330	14,592	402,895	5,235,274	864,532	76.00
76.01	03951	ENTEROSTOMAL	82	31	14,209	1,314,775	217,117	76.01
76.02	03952	DIABETIC SERVICE	81	799	14,010	2,211,869	365,259	76.02
76.03	03953	WOUND CARE	169	1,658	29,143	1,354,838	223,733	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	234	2,108	40,484	3,189,078	526,632	76.04
76.08	03956	SLEEP DISORDERS	501	4,891	86,594	2,803,550	462,967	76.08
76.09	03957	PAIN PROGRAM	531	5,245	91,888	1,771,917	292,607	76.09
76.97	07697	CARDIAC REHABILITATION	85	674	14,654	1,899,514	313,678	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	199	1,888	34,408	6,552,316	1,082,023	90.00
91.00	09100	EMERGENCY	4,466	27,889	772,257	23,336,394	3,853,679	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	234	1,735	40,437	4,575,065	755,508	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	146	15	25,214	3,371,630	556,777	105.00
109.00	10900	PANCREAS ACQUISITION	3	0	449	162,653	26,860	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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

 Worksheet B
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 Date/Time Prepared:
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Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,611	489,538	19,112,819	912,283,094	129,045,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,914	2,793	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	1,203,491	198,740	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	745,004	123,027	194.02
194.03	07953	FUND RAISING	0	0	0	1,736,669	286,787	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	1,032,801	170,553	194.04
194.05	07955	ASC LLC	0	0	0	84,867	14,015	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	5,012,627	827,765	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	268,214	44,292	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	746,956	123,349	194.10
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	111,611	489,538	19,112,819	923,130,637	130,836,444	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	18,033,265					6.00
7.00	00700	OPERATION OF PLANT	471,353	21,996,933				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,596	68,384	3,674,848			8.00
9.00	00900	HOUSEKEEPING	180,154	225,649	0	13,214,964		9.00
10.00	01000	DIETARY	202,718	253,912	0	155,717	12,052,076	10.00
11.00	01100	CAFETERIA	38,094	47,714	0	29,262	0	11.00
13.00	01300	NURSING ADMINISTRATION	178,741	223,879	0	137,298	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57,696	72,266	0	44,319	0	14.00
15.00	01500	PHARMACY	1,394,778	1,747,010	0	1,071,388	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	98,844	123,806	0	75,927	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	805	1,009	0	619	0	18.00
20.00	02000	NURSING PROGRAM	939,789	1,177,120	0	721,892	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,200,113	1,503,185	0	921,857	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	44,142	55,289	0	33,907	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	8,965	11,229	0	6,887	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	17,064	21,373	0	13,108	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	15,909	19,927	0	12,221	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	6,655	8,336	0	5,112	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	26,804	33,573	0	20,589	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,979,102	6,236,503	1,023,149	3,824,654	9,285,682	30.00
31.00	03100	INTENSIVE CARE UNIT	614,249	769,369	530,433	471,830	1,268,289	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	419,644	525,620	91,013	322,347	668,771	31.01
41.00	04100	SUBPROVIDER - IRF	66,160	82,867	59,333	50,820	573,053	41.00
43.00	04300	NURSERY	18,933	23,714	6,902	14,543	248,616	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,951,224	2,443,979	474,631	1,498,818	0	50.00
51.00	05100	RECOVERY ROOM	81,841	102,509	0	62,866	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	198,980	249,230	140,050	152,845	7,665	52.00
53.00	05300	ANESTHESIOLOGY	23,537	29,481	0	18,080	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,228,862	1,539,194	120,327	943,941	0	54.00
57.00	05700	CT SCAN	58,334	73,066	130,109	44,809	0	57.00
58.00	05800	MRI	232,805	291,597	57,744	178,827	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	127,670	159,911	0	98,068	0	59.00
60.00	06000	LABORATORY	574,726	719,865	42,558	441,471	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	115,286	144,399	0	88,556	0	63.00
64.00	06400	INTRAVENOUS THERAPY	33,931	42,500	0	26,064	0	64.00
65.00	06500	RESPIRATORY THERAPY	121,683	152,412	59,827	93,470	0	65.00
66.00	06600	PHYSICAL THERAPY	116,516	145,941	0	89,501	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,777	54,833	0	33,627	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,531	6,928	0	4,249	0	68.00
69.00	06900	ELECTROCARDIOLOGY	164,123	205,570	124,176	126,070	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,723	4,663	0	2,860	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	03950	DIGESTIVE DISEASES	134,143	168,019	0	103,041	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	68,712	86,065	0	52,781	0	76.02
76.03	03953	WOUND CARE	68,682	86,027	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	203,691	255,130	0	156,464	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	54,399	68,136	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	29,813	37,342	0	22,901	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	151,617	189,906	0	116,464	0	90.00
91.00	09100	EMERGENCY	555,443	695,713	790,121	426,660	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	225,648	282,632	24,475	173,330	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	26,105	32,698	0	20,053	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,636,110	21,499,480	3,674,848	12,910,113	12,052,076	118.00

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,833	19,832	0	12,162	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	2,598	3,255	0	1,996	0	194.03
194.04	07954	OUTREACH PHYSICIAN	347,650	435,444	0	267,045	0	194.04
194.05	07955	ASC LLC	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	30,785	38,560	0	23,648	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	289	362	0	0	0	194.10
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)	18,033,265	21,996,933	3,674,848	13,214,964	12,052,076	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	2,060,425					11.00
13.00	01300	NURSING ADMINISTRATION	42,132	24,112,652				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,533	0	5,111,735			14.00
15.00	01500	PHARMACY	53,808	0	0	28,536,099		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,660	0	9	27	2,198,859	16.00
17.00	01700	SOCIAL SERVICE	508	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING PROGRAM	25,381	0	570	1,676	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	135,534	0	436	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,690	0	5,252	33	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	508	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,015	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	508	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	3,046	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	2,538	0	46	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	523,354	12,057,672	259,779	101,532	180,094	30.00
31.00	03100	INTENSIVE CARE UNIT	118,783	2,730,182	130,882	36,213	58,552	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	53,808	1,242,152	31,301	6,435	16,136	31.01
41.00	04100	SUBPROVIDER - IRF	22,843	530,846	0	657	7,457	41.00
43.00	04300	NURSERY	9,645	221,654	7,044	61	13,718	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	157,869	3,634,821	0	0	197,824	50.00
51.00	05100	RECOVERY ROOM	23,858	549,103	4,833	5,160	32,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,965	717,859	18,927	8,606	12,036	52.00
53.00	05300	ANESTHESIOLOGY	7,614	179,055	73,281	178,570	113,580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,798	0	0	0	212,903	54.00
57.00	05700	CT SCAN	20,812	0	0	0	91,971	57.00
58.00	05800	MRI	19,797	0	0	0	39,574	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,660	0	0	0	51,703	59.00
60.00	06000	LABORATORY	136,042	0	42,763	0	251,439	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,107	0	613	262	7,492	63.00
64.00	06400	INTRAVENOUS THERAPY	10,660	0	8,544	3,224	4,874	64.00
65.00	06500	RESPIRATORY THERAPY	47,716	0	71,747	379	88,974	65.00
66.00	06600	PHYSICAL THERAPY	51,270	0	4,702	17	19,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,259	0	1,452	0	8,442	67.00
68.00	06800	SPEECH PATHOLOGY	9,137	0	210	0	4,080	68.00
69.00	06900	ELECTROCARDIOLOGY	35,026	0	0	0	83,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,614	0	5,266	0	11,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,290,469	309	61,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	131,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9	27,877,415	318,675	73.00
76.00	03950	DIGESTIVE DISEASES	24,366	0	0	0	46,297	76.00
76.01	03951	ENTEROSTOMAL	3,553	0	67	0	1,633	76.01
76.02	03952	DIABETIC SERVICE	13,198	0	960	38	1,610	76.02
76.03	03953	WOUND CARE	5,584	0	11,801	0	3,349	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,782	0	48	0	4,652	76.04
76.08	03956	SLEEP DISORDERS	14,721	0	2,294	0	9,951	76.08
76.09	03957	PAIN PROGRAM	10,152	0	5,780	14	10,559	76.09
76.97	07697	CARDIAC REHABILITATION	11,168	0	617	48	1,684	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,564	0	6,732	3,140	3,954	90.00
91.00	09100	EMERGENCY	97,463	2,249,308	111,456	0	88,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,350	0	9,226	4,893	4,647	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,061	0	43	2,868	2,897	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	52	109.00

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			11.00	13.00	14.00	15.00	16.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,029,460	24,112,652	5,107,159	28,231,577	2,198,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	259	696	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	303,779	0	194.02
194.03	07953	FUND RAISING	0	0	1	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	4,569	0	17	0	0	194.04
194.05	07955	ASC LLC	1,015	0	579	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	20,812	0	3,469	47	0	194.07
194.08	07958	INDUSTRIAL REHAB	1,523	0	213	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	3,046	0	38	0	0	194.10
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)	2,060,425	24,112,652	5,111,735	28,536,099	2,198,859	202.00

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			OTHER GENERAL SERVICE		INTERNS & RESIDENTS			
Cost Center Description			SOCIAL SERVICE	PARKING	NURSING PROGRAM	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			17.00	18.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	11,714,364					17.00
18.00	01850	PARKING	0	1,548,438				18.00
20.00	02000	NURSING PROGRAM	0	20,493	5,171,348			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	109,432		34,223,532		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,656			51,251,000	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	410				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	820				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	410				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0				23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	2,459				23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	2,049				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,087,100	422,152	4,348,022	13,047,381	19,538,936	30.00
31.00	03100	INTENSIVE CARE UNIT	1,290,667	95,497	253,826	2,387,626	3,575,558	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	503,083	43,445	15,325	630,903	944,801	31.01
41.00	04100	SUBPROVIDER - IRF	581,523	18,444	0	0	0	41.00
43.00	04300	NURSERY	251,991	7,787	15,325	478,061	715,915	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	127,465	144,359	2,943,449	4,407,923	50.00
51.00	05100	RECOVERY ROOM	0	19,263	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,001	85,110	418,304	626,425	52.00
53.00	05300	ANESTHESIOLOGY	0	6,148	0	195,362	292,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,726	53,639	2,238,232	3,351,834	54.00
57.00	05700	CT SCAN	0	16,804	0	263,547	394,671	57.00
58.00	05800	MRI	0	15,984	0	150,160	224,871	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,607	0	0	0	59.00
60.00	06000	LABORATORY	0	109,842	0	105,725	158,327	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,738	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,607	53,639	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,527	0	502,961	753,202	65.00
66.00	06600	PHYSICAL THERAPY	0	41,396	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,935	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,377	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,280	0	1,688,538	2,528,647	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,148	0	105,342	157,754	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	03950	DIGESTIVE DISEASES	0	19,673	36,124	41,371	61,954	76.00
76.01	03951	ENTEROSTOMAL	0	2,869	958	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	11,066	1,916	0	0	76.02
76.03	03953	WOUND CARE	0	4,508	38,313	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	15,165	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	11,886	0	365,824	547,835	76.08
76.09	03957	PAIN PROGRAM	0	8,197	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	9,017	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	30,329	12,041	0	0	90.00
91.00	09100	EMERGENCY	0	78,692	33,935	4,930,775	7,384,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	18,853	42,692	0	0	92.01

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				PARKING		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	18.00	20.00	21.00	22.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,279	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,714,364	1,523,436	5,135,224	30,493,561	45,665,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	3,689	36,124	3,729,971	5,585,769	194.04
194.05	07955	ASC LLC	0	820	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	16,804	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	1,230	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	2,459	0	0	0	194.10
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,714,364	1,548,438	5,171,348	34,223,532	51,251,000	202.00

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUC - CLS	121,201					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		266,155				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			199,902			23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH				0		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					773,616	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	199,902	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	266,155	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	121,201	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	773,616	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,201	266,155	199,902	0	773,616	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	0	194.04
194.05	07955	ASC LLC	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	121,201	266,155	199,902	0	773,616	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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2/27/2022 10:03 pm

Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	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
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICALEDUC - CLS					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH					23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	429,417				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	429,417	235,218,539	-32,586,317	202,632,222	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,444,059	-5,963,184	49,480,875	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	19,738,146	-1,575,704	18,162,442	31.01
41.00	04100	SUBPROVIDER - IRF	0	9,050,831	0	9,050,831	41.00
43.00	04300	NURSERY	0	5,247,002	-1,193,976	4,053,026	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	64,959,698	-7,351,372	57,608,326	50.00
51.00	05100	RECOVERY ROOM	0	6,701,488	0	6,701,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,231,274	-1,044,729	9,186,545	52.00
53.00	05300	ANESTHESIOLOGY	0	7,483,484	-487,923	6,995,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,167,982	-5,590,066	60,577,916	54.00
57.00	05700	CT SCAN	0	8,437,765	-658,218	7,779,547	57.00
58.00	05800	MRI	0	8,596,205	-375,031	8,221,174	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,164,838	0	4,164,838	59.00
60.00	06000	LABORATORY	0	40,342,280	-264,052	40,078,228	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,994,279	0	6,994,279	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,168,787	0	3,168,787	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,360,354	-1,256,163	15,104,191	65.00
66.00	06600	PHYSICAL THERAPY	0	15,159,610	0	15,159,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,601,241	0	4,601,241	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,489,322	0	2,489,322	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,944,274	-4,217,185	8,727,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,799,991	-263,096	2,536,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,265,300	0	48,265,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,439,336	0	65,439,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	90,378,234	0	90,378,234	73.00
76.00	03950	DIGESTIVE DISEASES	0	6,734,794	-103,325	6,631,469	76.00
76.01	03951	ENTEROSTOMAL	0	1,540,972	0	1,540,972	76.01
76.02	03952	DIABETIC SERVICE	0	2,813,474	0	2,813,474	76.02
76.03	03953	WOUND CARE	0	1,796,835	0	1,796,835	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,369,642	0	4,369,642	76.04
76.08	03956	SLEEP DISORDERS	0	4,219,028	-913,659	3,305,369	76.08
76.09	03957	PAIN PROGRAM	0	2,221,761	0	2,221,761	76.09
76.97	07697	CARDIAC REHABILITATION	0	2,325,782	0	2,325,782	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	8,186,086	0	8,186,086	90.00
91.00	09100	EMERGENCY	0	44,632,397	-12,314,792	32,317,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,140,319	0	6,140,319	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.05	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	4,020,411	0	4,020,411		105.00
109.00	10900	PANCREAS ACQUISITION	0	189,565	0	189,565		109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	429,417	899,575,385	-76,158,792	823,416,593		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,534	0	67,534		190.00
194.00	07950	SISTERS CONVENT	0	0	0	0		194.00
194.01	07951	BRADLEY HEALTH SVC	0	1,403,186	0	1,403,186		194.01
194.02	07952	COMMUNITY CLINIC	0	1,171,810	0	1,171,810		194.02
194.03	07953	FUND RAISING	0	2,031,306	0	2,031,306		194.03
194.04	07954	OUTREACH PHYSICIAN	0	11,613,632	-9,315,740	2,297,892		194.04
194.05	07955	ASC LLC	0	101,296	0	101,296		194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	5,974,517	0	5,974,517		194.07
194.08	07958	INDUSTRIAL REHAB	0	315,472	0	315,472		194.08
194.10	07960	IN-SCHOOL CLINIC	0	876,499	0	876,499		194.10
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)	429,417	923,130,637	-85,474,532	837,656,105		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
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	111	96,969	508	97,588	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	118,012	58,078	12,471	188,561	5.01
5.02	00570	ADMITTING	0	111,611	0	111,611	5.02
5.03	00540	OUTPATIENT REVENUES	0	0	0	0	5.03
5.04	00550	BUSINESS OFFICE	0	0	0	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	473,791	2,013,894	13,534,455	16,022,140	5.05
6.00	00600	MAINTENANCE & REPAIRS	365,220	4,654,080	562,365	5,581,665	6.00
7.00	00700	OPERATION OF PLANT	143,546	503,514	489,860	1,136,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,321	0	58,321	8.00
9.00	00900	HOUSEKEEPING	0	192,446	21,010	213,456	9.00
10.00	01000	DIETARY	0	216,550	47,880	264,430	10.00
11.00	01100	CAFETERIA	0	40,693	3,564	44,257	11.00
13.00	01300	NURSING ADMINISTRATION	812	190,936	413,121	604,869	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,283,492	61,633	117,020	1,462,145	14.00
15.00	01500	PHARMACY	412,787	1,489,944	159,426	2,062,157	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	124,561	105,589	3,733	233,883	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PARKING	38,790	860	487,893	527,543	18.00
20.00	02000	NURSING PROGRAM	0	1,003,912	40,968	1,044,880	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,281,997	0	1,281,997	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,039	47,154	4,795	67,988	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	9,577	0	9,577	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	18,228	0	18,228	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	16,995	0	16,995	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	7,110	0	7,110	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	28,633	0	28,633	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79	5,318,823	103,509	5,422,411	30.00
31.00	03100	INTENSIVE CARE UNIT	0	656,159	142,434	798,593	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	448,277	187,884	636,161	31.01
41.00	04100	SUBPROVIDER - IRF	0	70,674	29,756	100,430	41.00
43.00	04300	NURSERY	0	20,225	243,217	263,442	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	326,015	2,084,357	1,788,644	4,199,016	50.00
51.00	05100	RECOVERY ROOM	0	87,425	12,059	99,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	212,557	91,465	304,022	52.00
53.00	05300	ANESTHESIOLOGY	0	25,143	274,621	299,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,429,165	1,312,708	2,123,451	5,865,324	54.00
57.00	05700	CT SCAN	19,843	62,314	843,389	925,546	57.00
58.00	05800	MRI	124,791	248,689	1,601,331	1,974,811	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	136,381	526,231	662,612	59.00
60.00	06000	LABORATORY	29	613,940	733,415	1,347,384	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	123,152	834	123,986	63.00
64.00	06400	INTRAVENOUS THERAPY	306,870	36,246	4,865	347,981	64.00
65.00	06500	RESPIRATORY THERAPY	124,826	129,985	264,109	518,920	65.00
66.00	06600	PHYSICAL THERAPY	311,766	124,466	64,716	500,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	46,764	21,709	68,473	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,908	0	5,908	68.00
69.00	06900	ELECTROCARDIOLOGY	37,189	175,321	783,278	995,788	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,977	95,553	99,530	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,236	5,236	73.00
76.00	03950	DIGESTIVE DISEASES	0	143,295	0	143,295	76.00
76.01	03951	ENTEROSTOMAL	0	0	621,545	621,545	76.01
76.02	03952	DIABETIC SERVICE	27,324	73,401	0	100,725	76.02
76.03	03953	WOUND CARE	0	73,368	11,569	84,937	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	217,589	0	217,589	76.04
76.08	03956	SLEEP DISORDERS	13,302	0	46,095	59,397	76.08
76.09	03957	PAIN PROGRAM	0	58,110	413	58,523	76.09
76.97	07697	CARDIAC REHABILITATION	24,084	31,847	17,753	73,684	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	303,931	161,962	96,258	562,151	90.00
91.00	09100	EMERGENCY	34,895	593,341	181,473	809,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	241,044	13,619	254,663	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 10:03 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
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	27,886	1,034	28,920	214
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	15
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,061,270	25,774,058	26,830,534	59,665,862	96,070
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,914	0	16,914	0
194.00	07950	SISTERS CONVENT	0	0	0	0	0
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	273
194.02	07952	COMMUNITY CLINIC	0	0	0	0	19
194.03	07953	FUND RAISING	0	2,776	2,069	4,845	16
194.04	07954	OUTREACH PHYSICIAN	0	371,370	0	371,370	138
194.05	07955	ASC LLC	0	0	14,765	14,765	35
194.07	07957	RESEARCH, WELLNESS, WC	196,468	32,886	15,631	244,985	829
194.08	07958	INDUSTRIAL REHAB	0	0	12,874	12,874	55
194.10	07960	IN-SCHOOL CLINIC	0	308	8,717	9,025	153
200.00		Cross Foot Adjustments				0	
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,257,738	26,198,312	26,884,590	60,340,640	97,588

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	188,998					5.01
5.02	00570	ADMITTING	0	111,611				5.02
5.03	00540	OUTPATIENT REVENUES	11	0	122			5.03
5.04	00550	BUSINESS OFFICE	0	0	0	0		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	36,266	0	0	0	16,063,561	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,968	0	0	0	313,804	6.00
7.00	00700	OPERATION OF PLANT	4,466	0	0	0	374,575	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,157	0	0	0	61,807	8.00
9.00	00900	HOUSEKEEPING	7,101	0	0	0	222,897	9.00
10.00	01000	DIETARY	479	0	0	0	199,067	10.00
11.00	01100	CAFETERIA	100	0	0	0	33,852	11.00
13.00	01300	NURSING ADMINISTRATION	500	0	0	0	409,465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	587	0	0	0	85,300	14.00
15.00	01500	PHARMACY	2,254	0	0	0	422,317	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63	0	0	0	32,881	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	203,838	17.00
18.00	01850	PARKING	5	0	0	0	26,903	18.00
20.00	02000	NURSING PROGRAM	629	0	0	0	39,752	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	403	0	0	0	528,184	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	92	0	0	0	889,021	22.00
23.00	02300	PARAMEDICALEDUC - CLS	22	0	0	0	1,622	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	3	0	0	0	3,703	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	0	2,626	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	0	13,016	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	0	5,983	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,058	9,064	0	0	2,604,334	30.00
31.00	03100	INTENSIVE CARE UNIT	9,262	2,947	0	0	715,408	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,406	812	0	0	247,506	31.01
41.00	04100	SUBPROVIDER - IRF	896	375	0	0	122,799	41.00
43.00	04300	NURSERY	986	690	0	0	55,912	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,274	9,956	0	0	817,472	50.00
51.00	05100	RECOVERY ROOM	32	1,615	0	0	101,275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,439	606	0	0	131,194	52.00
53.00	05300	ANESTHESIOLOGY	169	5,716	0	0	110,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,331	10,715	122	0	974,415	54.00
57.00	05700	CT SCAN	6,107	4,629	0	0	127,790	57.00
58.00	05800	MRI	266	1,992	0	0	128,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,409	2,602	0	0	64,528	59.00
60.00	06000	LABORATORY	19,402	12,654	0	0	654,960	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,273	377	0	0	115,281	63.00
64.00	06400	INTRAVENOUS THERAPY	225	245	0	0	51,800	64.00
65.00	06500	RESPIRATORY THERAPY	98	4,478	0	0	251,093	65.00
66.00	06600	PHYSICAL THERAPY	619	989	0	0	255,637	66.00
67.00	06700	OCCUPATIONAL THERAPY	53	425	0	0	77,052	67.00
68.00	06800	SPEECH PATHOLOGY	48	205	0	0	42,665	68.00
69.00	06900	ELECTROCARDIOLOGY	234	4,207	0	0	138,519	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168	568	0	0	43,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237	3,085	0	0	764,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,613	0	0	1,136,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,985	0	0	1,068,594	73.00
76.00	03950	DIGESTIVE DISEASES	1,570	2,330	0	0	106,145	76.00
76.01	03951	ENTEROSTOMAL	15	82	0	0	26,657	76.01
76.02	03952	DIABETIC SERVICE	19	81	0	0	44,846	76.02
76.03	03953	WOUND CARE	169	169	0	0	27,469	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	471	234	0	0	64,659	76.04
76.08	03956	SLEEP DISORDERS	1,261	501	0	0	56,842	76.08
76.09	03957	PAIN PROGRAM	100	531	0	0	35,926	76.09
76.97	07697	CARDIAC REHABILITATION	50	85	0	0	38,513	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	445	199	0	0	132,848	90.00
91.00	09100	EMERGENCY	4,512	4,466	0	0	473,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	784	234	0	0	92,759	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	146	0	0	68,360	105.00
109.00	10900	PANCREAS ACQUISITION	6	3	0	0	3,298	109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	188,500	111,611	122	0	15,843,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	343	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	39	0	0	0	24,401	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	15,105	194.02
194.03	07953	FUND RAISING	0	0	0	0	35,211	194.03
194.04	07954	OUTREACH PHYSICIAN	15	0	0	0	20,940	194.04
194.05	07955	ASC LLC	43	0	0	0	1,721	194.05
194.07	07957	RESEARCH, WELLNESS, WC	287	0	0	0	101,631	194.07
194.08	07958	INDUSTRIAL REHAB	2	0	0	0	5,438	194.08
194.10	07960	IN-SCHOOL CLINIC	112	0	0	0	15,145	194.10
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)	188,998	111,611	122	0	16,063,561	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	5,898,594					6.00
7.00	00700	OPERATION OF PLANT	154,177	1,671,852				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,858	5,197	144,479			8.00
9.00	00900	HOUSEKEEPING	58,927	17,150	0	521,548		9.00
10.00	01000	DIETARY	66,308	19,298	0	6,146	557,586	10.00
11.00	01100	CAFETERIA	12,460	3,626	0	1,155	0	11.00
13.00	01300	NURSING ADMINISTRATION	58,465	17,016	0	5,419	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,872	5,493	0	1,749	0	14.00
15.00	01500	PHARMACY	456,225	132,780	0	42,284	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,332	9,410	0	2,997	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	263	77	0	24	0	18.00
20.00	02000	NURSING PROGRAM	307,401	89,466	0	28,491	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	392,551	114,248	0	36,382	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,439	4,202	0	1,338	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	2,932	853	0	272	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	5,582	1,624	0	517	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	5,204	1,515	0	482	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	2,177	634	0	202	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	8,768	2,552	0	813	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,628,637	474,000	40,226	150,945	429,599	30.00
31.00	03100	INTENSIVE CARE UNIT	200,918	58,475	20,855	18,621	58,677	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	137,264	39,949	3,578	12,722	30,941	31.01
41.00	04100	SUBPROVIDER - IRF	21,641	6,298	2,333	2,006	26,512	41.00
43.00	04300	NURSERY	6,193	1,802	271	574	11,502	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	638,236	185,752	18,661	59,153	0	50.00
51.00	05100	RECOVERY ROOM	26,770	7,791	0	2,481	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,086	18,942	5,506	6,032	355	52.00
53.00	05300	ANESTHESIOLOGY	7,699	2,241	0	714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,955	116,985	4,731	37,254	0	54.00
57.00	05700	CT SCAN	19,081	5,553	5,115	1,768	0	57.00
58.00	05800	MRI	76,149	22,162	2,270	7,058	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,760	12,154	0	3,870	0	59.00
60.00	06000	LABORATORY	187,990	54,713	1,673	17,423	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,709	10,975	0	3,495	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,099	3,230	0	1,029	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,802	11,584	2,352	3,689	0	65.00
66.00	06600	PHYSICAL THERAPY	38,112	11,092	0	3,532	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,319	4,167	0	1,327	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,809	527	0	168	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,684	15,624	4,882	4,976	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,218	354	0	113	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	03950	DIGESTIVE DISEASES	43,877	12,770	0	4,067	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	22,476	6,541	0	2,083	0	76.02
76.03	03953	WOUND CARE	22,466	6,538	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66,626	19,391	0	6,175	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	17,794	5,179	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	9,752	2,838	0	904	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	49,593	14,434	0	4,596	0	90.00
91.00	09100	EMERGENCY	181,683	52,877	31,064	16,839	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	73,808	21,481	962	6,841	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,539	2,485	0	791	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,768,686	1,634,045	144,479	509,517	557,586	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,179	1,507	0	480	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	850	247	0	79	0	194.03
194.04	07954	OUTREACH PHYSICIAN	113,715	33,095	0	10,539	0	194.04
194.05	07955	ASC LLC	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	10,070	2,931	0	933	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	94	27	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,898,594	1,671,852	144,479	521,548	557,586	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	95,792					11.00
13.00	01300	NURSING ADMINISTRATION	1,959	1,099,735				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,652	0	1,576,614			14.00
15.00	01500	PHARMACY	2,502	0	0	3,123,527		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	496	0	3	3	312,348	16.00
17.00	01700	SOCIAL SERVICE	24	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING PROGRAM	1,180	0	176	183	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,301	0	134	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	590	0	1,620	4	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	24	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	47	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	24	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	142	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	118	0	14	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,328	549,929	80,122	11,114	25,615	30.00
31.00	03100	INTENSIVE CARE UNIT	5,522	124,519	40,367	3,964	8,328	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,502	56,652	9,654	704	2,295	31.01
41.00	04100	SUBPROVIDER - IRF	1,062	24,211	0	72	1,061	41.00
43.00	04300	NURSERY	448	10,109	2,173	7	1,951	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,340	165,778	0	0	28,137	50.00
51.00	05100	RECOVERY ROOM	1,109	25,044	1,491	565	4,565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,440	32,740	5,837	942	1,712	52.00
53.00	05300	ANESTHESIOLOGY	354	8,166	22,602	19,546	16,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,570	0	0	0	30,282	54.00
57.00	05700	CT SCAN	968	0	0	0	13,081	57.00
58.00	05800	MRI	920	0	0	0	5,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	496	0	0	0	7,354	59.00
60.00	06000	LABORATORY	6,325	0	13,189	0	35,763	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	330	0	189	29	1,066	63.00
64.00	06400	INTRAVENOUS THERAPY	496	0	2,635	353	693	64.00
65.00	06500	RESPIRATORY THERAPY	2,218	0	22,129	41	12,655	65.00
66.00	06600	PHYSICAL THERAPY	2,384	0	1,450	2	2,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	802	0	448	0	1,201	67.00
68.00	06800	SPEECH PATHOLOGY	425	0	65	0	580	68.00
69.00	06900	ELECTROCARDIOLOGY	1,628	0	0	0	11,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	0	1,624	0	1,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,323,314	34	8,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,688	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3	3,051,428	44,924	73.00
76.00	03950	DIGESTIVE DISEASES	1,133	0	0	0	6,585	76.00
76.01	03951	ENTEROSTOMAL	165	0	21	0	232	76.01
76.02	03952	DIABETIC SERVICE	614	0	296	4	229	76.02
76.03	03953	WOUND CARE	260	0	3,640	0	476	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	873	0	15	0	662	76.04
76.08	03956	SLEEP DISORDERS	684	0	708	0	1,415	76.08
76.09	03957	PAIN PROGRAM	472	0	1,783	1	1,502	76.09
76.97	07697	CARDIAC REHABILITATION	519	0	190	5	240	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,746	0	2,076	344	562	90.00
91.00	09100	EMERGENCY	4,531	102,587	34,376	0	12,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,086	0	2,845	536	661	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	189	0	13	314	412	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	7	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,352	1,099,735	1,575,202	3,090,195	312,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	80	76	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	33,251	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	212	0	5	0	0	194.04
194.05	07955	ASC LLC	47	0	179	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	968	0	1,070	5	0	194.07
194.08	07958	INDUSTRIAL REHAB	71	0	66	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	142	0	12	0	0	194.10
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)	95,792	1,099,735	1,576,614	3,123,527	312,348	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
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Cost Center Description			OTHER GENERAL SERVICE		NURSING PROGRAM	INTERNS & RESIDENTS		
			SOCIAL SERVICE	PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	18.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	203,873					17.00
18.00	01850	PARKING	0	554,815				18.00
20.00	02000	NURSING PROGRAM	0	7,343	1,331,126			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	39,210		2,404,785		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,818			985,172	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	147				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	294				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	147				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0				23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	881				23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	734				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	158,149	151,259				30.00
31.00	03100	INTENSIVE CARE UNIT	22,462	34,217				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,755	15,567				31.01
41.00	04100	SUBPROVIDER - IRF	10,121	6,608				41.00
43.00	04300	NURSERY	4,386	2,790				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,672				50.00
51.00	05100	RECOVERY ROOM	0	6,902				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,958				52.00
53.00	05300	ANESTHESIOLOGY	0	2,203				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,658				54.00
57.00	05700	CT SCAN	0	6,021				57.00
58.00	05800	MRI	0	5,727				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,084				59.00
60.00	06000	LABORATORY	0	39,357				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,056				63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,084				64.00
65.00	06500	RESPIRATORY THERAPY	0	13,804				65.00
66.00	06600	PHYSICAL THERAPY	0	14,832				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,993				67.00
68.00	06800	SPEECH PATHOLOGY	0	2,643				68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,133				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,203				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	0				73.00
76.00	03950	DIGESTIVE DISEASES	0	7,049				76.00
76.01	03951	ENTEROSTOMAL	0	1,028				76.01
76.02	03952	DIABETIC SERVICE	0	3,965				76.02
76.03	03953	WOUND CARE	0	1,615				76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,434				76.04
76.08	03956	SLEEP DISORDERS	0	4,259				76.08
76.09	03957	PAIN PROGRAM	0	2,937				76.09
76.97	07697	CARDIAC REHABILITATION	0	3,231				76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,867				90.00
91.00	09100	EMERGENCY	0	28,196				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,755				92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE PARKING	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
		SPECIAL PURPOSE COST CENTERS	17.00	18.00	20.00			
105.00	10500	KIDNEY ACQUISITION	0	1,175				105.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	203,873	545,856	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
194.00	07950	SISTERS CONVENT	0	0				194.00
194.01	07951	BRADLEY HEALTH SVC	0	0				194.01
194.02	07952	COMMUNITY CLINIC	0	0				194.02
194.03	07953	FUND RAISING	0	0				194.03
194.04	07954	OUTREACH PHYSICIAN	0	1,322				194.04
194.05	07955	ASC LLC	0	294				194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	6,021				194.07
194.08	07958	INDUSTRIAL REHAB	0	441				194.08
194.10	07960	IN-SCHOOL CLINIC	0	881				194.10
200.00		Cross Foot Adjustments			1,331,126	2,404,785	985,172	200.00
201.00		Negative Cost Centers	0	0	189,858	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	203,873	554,815	1,520,984	2,404,785	985,172	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUC - CLS	15,473					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		30,045				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			27,019			23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH				0		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					24,311	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
41.00	04100	SUBPROVIDER - IRF						41.00
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
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
76.00	03950	DIGESTIVE DISEASES						76.00
76.01	03951	ENTEROSTOMAL						76.01
76.02	03952	DIABETIC SERVICE						76.02
76.03	03953	WOUND CARE						76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.04
76.08	03956	SLEEP DISORDERS						76.08
76.09	03957	PAIN PROGRAM						76.09
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
109.00	10900	PANCREAS ACQUISITION						109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00	07950	SISTERS CONVENT						194.00
194.01	07951	BRADLEY HEALTH SVC						194.01
194.02	07952	COMMUNITY CLINIC						194.02
194.03	07953	FUND RAISING						194.03
194.04	07954	OUTREACH PHYSICIAN						194.04
194.05	07955	ASC LLC						194.05
194.07	07957	RESEARCH, WELLNESS, WC						194.07
194.08	07958	INDUSTRIAL REHAB						194.08
194.10	07960	IN-SCHOOL CLINIC						194.10
200.00		Cross Foot Adjustments	15,473	30,045	27,019	0	24,311	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,473	30,045	27,019	0	24,311	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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From 10/01/2020
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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	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
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICALEDUC - CLS					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH					23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	47,673				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		11,801,908	0	11,801,908	30.00
31.00	03100	INTENSIVE CARE UNIT		2,128,313	0	2,128,313	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,209,817	0	1,209,817	31.01
41.00	04100	SUBPROVIDER - IRF		327,389	0	327,389	41.00
43.00	04300	NURSERY		363,636	0	363,636	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		6,202,326	0	6,202,326	50.00
51.00	05100	RECOVERY ROOM		280,166	0	280,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		586,096	0	586,096	52.00
53.00	05300	ANESTHESIOLOGY		496,428	0	496,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		7,521,572	0	7,521,572	54.00
57.00	05700	CT SCAN		1,116,564	0	1,116,564	57.00
58.00	05800	MRI		2,226,342	0	2,226,342	58.00
59.00	05900	CARDIAC CATHETERIZATION		800,377	0	800,377	59.00
60.00	06000	LABORATORY		2,395,207	0	2,395,207	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		297,005	0	297,005	63.00
64.00	06400	INTRAVENOUS THERAPY		423,309	0	423,309	64.00
65.00	06500	RESPIRATORY THERAPY		884,900	0	884,900	65.00
66.00	06600	PHYSICAL THERAPY		834,904	0	834,904	66.00
67.00	06700	OCCUPATIONAL THERAPY		174,056	0	174,056	67.00
68.00	06800	SPEECH PATHOLOGY		55,495	0	55,495	68.00
69.00	06900	ELECTROCARDIOLOGY		1,243,056	0	1,243,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		151,385	0	151,385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,099,541	0	2,099,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,161,751	0	1,161,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		4,187,171	0	4,187,171	73.00
76.00	03950	DIGESTIVE DISEASES		329,847	0	329,847	76.00
76.01	03951	ENTEROSTOMAL		649,902	0	649,902	76.01
76.02	03952	DIABETIC SERVICE		182,358	0	182,358	76.02
76.03	03953	WOUND CARE		147,940	0	147,940	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		382,784	0	382,784	76.04
76.08	03956	SLEEP DISORDERS		125,611	0	125,611	76.08
76.09	03957	PAIN PROGRAM		125,069	0	125,069	76.09
76.97	07697	CARDIAC REHABILITATION		130,384	0	130,384	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		781,328	0	781,328	90.00
91.00	09100	EMERGENCY		1,760,477	0	1,760,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		464,259	0	464,259	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.05	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION		111,558	0	111,558		105.00
109.00	10900	PANCREAS ACQUISITION		3,329	0	3,329		109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	54,163,560	0	54,163,560		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		24,423	0	24,423		190.00
194.00	07950	SISTERS CONVENT		0	0	0		194.00
194.01	07951	BRADLEY HEALTH SVC		24,869	0	24,869		194.01
194.02	07952	COMMUNITY CLINIC		48,375	0	48,375		194.02
194.03	07953	FUND RAISING		41,248	0	41,248		194.03
194.04	07954	OUTREACH PHYSICIAN		551,351	0	551,351		194.04
194.05	07955	ASC LLC		17,084	0	17,084		194.05
194.07	07957	RESEARCH, WELLNESS, WC		369,730	0	369,730		194.07
194.08	07958	INDUSTRIAL REHAB		18,947	0	18,947		194.08
194.10	07960	IN-SCHOOL CLINIC		25,591	0	25,591		194.10
200.00		Cross Foot Adjustments	47,673	4,865,604	0	4,865,604		200.00
201.00		Negative Cost Centers	0	189,858	0	189,858		201.00
202.00		TOTAL (sum lines 118 through 201)	47,673	60,340,640	0	60,340,640		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUI SITION)	ADMITTING (TOTAL GROS REVENUES)	
		BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,614,000				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,472,779			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,974	500	310,054,520		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	3,578	12,280	1,387,885	19,097,002	5.01
5.02	00570	ADMITTING	6,876	0	0	0	4,806,377,004
5.03	00540	OUTPATIENT REVENUES	0	0	351,221	1,127	0
5.04	00550	BUSINESS OFFICE	0	0	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	124,070	13,327,141	16,366,225	3,664,794	0
6.00	00600	MAINTENANCE & REPAIRS	286,724	553,751	497,062	299,889	0
7.00	00700	OPERATION OF PLANT	31,020	482,356	5,440,907	451,235	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	0	440,096	116,893	0
9.00	00900	HOUSEKEEPING	11,856	20,688	6,401,914	717,458	0
10.00	01000	DIETARY	13,341	47,147	5,898,109	48,358	0
11.00	01100	CAFETERIA	2,507	3,509	1,085,100	10,108	0
13.00	01300	NURSING ADMINISTRATION	11,763	406,793	6,481,474	50,481	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,797	115,228	2,589,631	59,292	0
15.00	01500	PHARMACY	91,791	156,984	9,547,796	227,702	0
16.00	01600	MEDICAL RECORDS & LIBRARY	6,505	3,676	890,162	6,383	0
17.00	01700	SOCIAL SERVICE	0	0	35,743	0	0
18.00	01850	PARKING	53	480,420	0	539	0
20.00	02000	NURSING PROGRAM	61,848	40,340	4,707,670	63,559	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	78,980	0	17,063,398	40,681	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905	4,722	6,539,061	9,317	0
23.00	02300	PARAMEDICALEDUC - CLS	590	0	76,420	2,201	0
23.01	02301	PARAMEDICAL EDUC X-RAY	1,123	0	148,169	282	0
23.02	02302	PARAMEDICAL EDUC DIETARY	1,047	0	82,053	0	0
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- PGY 1	438	0	473,740	0	0
23.05	02305	PARAMED ED PRGM- PASTORAL	1,764	0	185,441	48	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	327,677	101,923	67,301,773	2,127,684	394,078,571
31.00	03100	INTENSIVE CARE UNIT	40,424	140,252	16,438,328	935,870	128,122,316
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,617	185,006	7,456,941	243,078	35,307,962
41.00	04100	SUBPROVIDER - IRF	4,354	29,300	3,060,213	90,496	16,318,120
43.00	04300	NURSERY	1,246	239,491	1,268,918	99,665	30,016,542
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	128,411	1,761,246	18,664,852	2,149,538	432,874,260
51.00	05100	RECOVERY ROOM	5,386	11,874	3,307,705	3,229	70,236,995
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,095	90,064	4,078,638	145,398	26,337,482
53.00	05300	ANESTHESIOLOGY	1,549	270,414	1,010,210	17,078	248,534,194
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,872	2,090,925	16,604,136	3,468,861	465,870,931
57.00	05700	CT SCAN	3,839	830,470	2,872,011	617,021	201,248,494
58.00	05800	MRI	15,321	1,576,802	2,700,920	26,876	86,594,213
59.00	05900	CARDIAC CATHETERIZATION	8,402	518,170	1,613,826	142,397	113,135,762
60.00	06000	LABORATORY	37,823	722,181	13,887,232	1,960,406	550,195,618
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	821	757,672	128,657	16,393,211
64.00	06400	INTRAVENOUS THERAPY	2,233	4,790	1,393,590	22,744	10,665,369
65.00	06500	RESPIRATORY THERAPY	8,008	260,063	6,466,121	9,873	194,690,517
66.00	06600	PHYSICAL THERAPY	7,668	63,725	7,976,410	62,551	42,979,296
67.00	06700	OCCUPATIONAL THERAPY	2,881	21,376	2,527,975	5,337	18,473,678
68.00	06800	SPEECH PATHOLOGY	364	0	1,433,926	4,804	8,927,318
69.00	06900	ELECTROCARDIOLOGY	10,801	771,280	4,731,906	23,684	182,923,639
70.00	07000	ELECTROENCEPHALOGRAPHY	245	94,089	718,110	16,926	24,686,270
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,951	134,131,717
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	287,511,730
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,156	2,431	30	692,196,688
76.00	03950	DIGESTIVE DISEASES	8,828	0	3,257,116	158,682	101,306,331
76.01	03951	ENTEROSTOMAL	0	612,024	497,444	1,546	3,572,864
76.02	03952	DIABETIC SERVICE	4,522	0	1,520,775	1,935	3,522,823
76.03	03953	WOUND CARE	4,520	11,392	637,361	17,062	7,327,960
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,405	0	2,080,900	47,615	10,179,470
76.08	03956	SLEEP DISORDERS	0	45,389	1,726,824	127,439	21,773,803
76.09	03957	PAIN PROGRAM	3,580	407	1,017,868	10,130	23,104,862
76.97	07697	CARDIAC REHABILITATION	1,962	17,481	1,185,275	5,086	3,684,674
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,978	94,784	4,657,314	45,003	8,651,758
91.00	09100	EMERGENCY	36,554	178,693	12,284,432	455,879	194,180,876
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.01	5.02	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,850	13,410	2,678,074	79,213	10,167,723	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,718	1,018	680,170	0	6,340,060	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	46,990	579	112,907	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,587,863	26,419,551	305,233,664	19,046,670	4,806,377,004	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	868,098	3,970	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	59,815	0	0	194.02
194.03	07953	FUND RAISING	171	2,037	50,765	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	22,879	0	437,107	1,544	0	194.04
194.05	07955	ASC LLC	0	14,539	111,691	4,336	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,026	15,392	2,631,606	29,024	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	12,677	175,481	190	0	194.08
194.10	07960	IN-SCHOOL CLINIC	19	8,583	486,293	11,268	0	194.10
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)	26,198,312	26,884,590	108,244,169	2,963,110	111,611	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.231916	1.015556	0.349113	0.155161	0.000023	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			97,588	188,998	111,611	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000315	0.009897	0.000023	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEE T))	
		5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES	2,154,242,422				5.03
5.04	00550	BUSINESS OFFICE	0	4,806,377,004			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	-130,836,444	792,294,193	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	15,477,391	1,186,778 6.00
7.00	00700	OPERATION OF PLANT	0	0	0	18,474,736	31,020 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,048,458	3,593 8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,993,705	11,856 9.00
10.00	01000	DIETARY	0	0	0	9,818,364	13,341 10.00
11.00	01100	CAFETERIA	0	0	0	1,669,638	2,507 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,195,584	11,763 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,207,166	3,797 14.00
15.00	01500	PHARMACY	0	0	0	20,829,427	91,791 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,621,773	6,505 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,053,638	0 17.00
18.00	01850	PARKING	0	0	0	1,326,888	53 18.00
20.00	02000	NURSING PROGRAM	0	0	0	1,960,653	61,848 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	26,051,015	78,980 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	43,848,127	2,905 22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	79,992	590 23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	182,618	1,123 23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	129,536	1,047 23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0 23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	641,992	438 23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	295,088	1,764 23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	394,078,571	0	128,460,503	327,677 30.00
31.00	03100	INTENSIVE CARE UNIT	0	128,122,316	0	35,285,240	40,424 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	35,307,962	0	12,207,469	27,617 31.01
41.00	04100	SUBPROVIDER - IRF	0	16,318,120	0	6,056,656	4,354 41.00
43.00	04300	NURSERY	0	30,016,542	0	2,757,698	1,246 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	228,089,783	432,874,260	0	40,319,187	128,411 50.00
51.00	05100	RECOVERY ROOM	44,784,350	70,236,995	0	4,995,088	5,386 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,535,994	26,337,482	0	6,470,722	13,095 52.00
53.00	05300	ANESTHESIOLOGY	130,042,591	248,534,194	0	5,463,924	1,549 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	332,110,511	465,870,931	0	48,059,944	80,872 54.00
57.00	05700	CT SCAN	108,883,670	201,248,494	0	6,302,820	3,839 57.00
58.00	05800	MRI	59,428,181	86,594,213	0	6,338,184	15,321 58.00
59.00	05900	CARDIAC CATHETERIZATION	51,167,222	113,135,762	0	3,182,649	8,402 59.00
60.00	06000	LABORATORY	268,028,757	550,195,618	0	32,303,801	37,823 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,115,333	16,393,211	0	5,685,882	7,587 63.00
64.00	06400	INTRAVENOUS THERAPY	10,610,547	10,665,369	0	2,554,847	2,233 64.00
65.00	06500	RESPIRATORY THERAPY	16,263,225	194,690,517	0	12,384,353	8,008 65.00
66.00	06600	PHYSICAL THERAPY	19,985,712	42,979,296	0	12,608,507	7,668 66.00
67.00	06700	OCCUPATIONAL THERAPY	4,137,511	18,473,678	0	3,800,343	2,881 67.00
68.00	06800	SPEECH PATHOLOGY	2,059,101	8,927,318	0	2,104,312	364 68.00
69.00	06900	ELECTROCARDIOLOGY	117,140,082	182,923,639	0	6,832,033	10,801 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,986,639	24,686,270	0	2,141,672	245 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,410,690	134,131,717	0	37,689,355	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,065,531	287,511,730	0	56,051,777	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	298,363,452	692,196,688	0	52,705,022	0 73.00
76.00	03950	DIGESTIVE DISEASES	64,280,929	101,306,331	0	5,235,274	8,828 76.00
76.01	03951	ENTEROSTOMAL	135,183	3,572,864	0	1,314,775	0 76.01
76.02	03952	DIABETIC SERVICE	3,520,943	3,522,823	0	2,211,869	4,522 76.02
76.03	03953	WOUND CARE	7,305,735	7,327,960	0	1,354,838	4,520 76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,285,564	10,179,470	0	3,189,078	13,405 76.04
76.08	03956	SLEEP DISORDERS	21,546,422	21,773,803	0	2,803,550	0 76.08
76.09	03957	PAIN PROGRAM	23,104,481	23,104,862	0	1,771,917	3,580 76.09
76.97	07697	CARDIAC REHABILITATION	2,968,548	3,684,674	0	1,899,514	1,962 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,317,875	8,651,758	0	6,552,316	9,978 90.00
91.00	09100	EMERGENCY	122,858,691	194,180,876	0	23,336,394	36,554 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,644,472	10,167,723	0	4,575,065	14,850 92.01
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	64,697	6,340,060	0	3,371,630	1,718 105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEE T))	
			5.03	5.04	5A.05	5.05	6.00	
109.00	10900	PANCREAS ACQUISITION	0	112,907	0	162,653	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,154,242,422	4,806,377,004	-130,836,444	781,446,650	1,160,641	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,914	1,042	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	1,203,491	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	745,004	0	194.02
194.03	07953	FUND RAISING	0	0	0	1,736,669	171	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	1,032,801	22,879	194.04
194.05	07955	ASC LLC	0	0	0	84,867	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	5,012,627	2,026	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	268,214	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	746,956	19	194.10
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)	489,538	19,112,819		130,836,444	18,033,265	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000227	0.003977		0.165136	15.195146	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	122	0		16,063,561	5,898,594	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.020275	4.970259	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:

2/27/2022 10:03 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	1,155,758					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	3,714,437				8.00
9.00	00900	HOUSEKEEPING	11,856	0	1,132,190			9.00
10.00	01000	DIETARY	13,341	0	13,341	680,806		10.00
11.00	01100	CAFETERIA	2,507	0	2,507	0	4,059	11.00
13.00	01300	NURSING ADMINISTRATION	11,763	0	11,763	0	83	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,797	0	3,797	0	70	14.00
15.00	01500	PHARMACY	91,791	0	91,791	0	106	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,505	0	6,505	0	21	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1	17.00
18.00	01850	PARKING	53	0	53	0	0	18.00
20.00	02000	NURSING PROGRAM	61,848	0	61,848	0	50	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	78,980	0	78,980	0	267	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905	0	2,905	0	25	22.00
23.00	02300	PARAMEDICALEDUC - CLS	590	0	590	0	1	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,123	0	1,123	0	2	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	1,047	0	1,047	0	1	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	438	0	438	0	6	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	1,764	0	1,764	0	5	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	327,677	1,034,172	327,677	524,536	1,031	30.00
31.00	03100	INTENSIVE CARE UNIT	40,424	536,147	40,424	71,644	234	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,617	91,993	27,617	37,778	106	31.01
41.00	04100	SUBPROVIDER - IRF	4,354	59,972	4,354	32,371	45	41.00
43.00	04300	NURSERY	1,246	6,976	1,246	14,044	19	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,411	479,744	128,411	0	311	50.00
51.00	05100	RECOVERY ROOM	5,386	0	5,386	0	47	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,095	141,559	13,095	433	61	52.00
53.00	05300	ANESTHESIOLOGY	1,549	0	1,549	0	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,872	121,623	80,872	0	236	54.00
57.00	05700	CT SCAN	3,839	131,511	3,839	0	41	57.00
58.00	05800	MRI	15,321	58,366	15,321	0	39	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,402	0	8,402	0	21	59.00
60.00	06000	LABORATORY	37,823	43,016	37,823	0	268	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	0	7,587	0	14	63.00
64.00	06400	INTRAVENOUS THERAPY	2,233	0	2,233	0	21	64.00
65.00	06500	RESPIRATORY THERAPY	8,008	60,472	8,008	0	94	65.00
66.00	06600	PHYSICAL THERAPY	7,668	0	7,668	0	101	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,881	0	2,881	0	34	67.00
68.00	06800	SPEECH PATHOLOGY	364	0	364	0	18	68.00
69.00	06900	ELECTROCARDIOLOGY	10,801	125,514	10,801	0	69	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245	0	245	0	15	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	03950	DIGESTIVE DISEASES	8,828	0	8,828	0	48	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	7	76.01
76.02	03952	DIABETIC SERVICE	4,522	0	4,522	0	26	76.02
76.03	03953	WOUND CARE	4,520	0	0	0	11	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,405	0	13,405	0	37	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	29	76.08
76.09	03957	PAIN PROGRAM	3,580	0	0	0	20	76.09
76.97	07697	CARDIAC REHABILITATION	1,962	0	1,962	0	22	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,978	0	9,978	0	74	90.00
91.00	09100	EMERGENCY	36,554	798,633	36,554	0	192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,850	24,739	14,850	0	46	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,718	0	1,718	0	8	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,129,621	3,714,437	1,106,072	680,806	3,998	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	0	1,042	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	171	0	171	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	22,879	0	22,879	0	9	194.04
194.05	07955	ASC LLC	0	0	0	0	2	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,026	0	2,026	0	41	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	3	194.08
194.10	07960	IN-SCHOOL CLINIC	19	0	0	0	6	194.10
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)	21,996,933	3,674,848	13,214,964	12,052,076	2,060,425	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.032473	0.989342	11.672037	17.702658	507.618872	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,671,852	144,479	521,548	557,586	95,792	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.446542	0.038897	0.460654	0.819009	23.599901	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIO)	PHARMACY (COSTED REQ UISITIO)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	206,039					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	111,081,097				14.00
15.00	01500	PHARMACY	0	0	52,065,023			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	192	49	4,806,377,004		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	169,353	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING PROGRAM	0	12,385	3,058	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,469	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	114,127	61	0	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	3	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	1,005	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,031	5,645,165	185,249	394,078,571	131,371	30.00
31.00	03100	INTENSIVE CARE UNIT	23,329	2,844,157	66,072	128,122,316	18,659	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	10,614	680,200	11,740	35,307,962	7,273	31.01
41.00	04100	SUBPROVIDER - IRF	4,536	0	1,199	16,318,120	8,407	41.00
43.00	04300	NURSERY	1,894	153,071	111	30,016,542	3,643	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,059	0	0	432,874,260	0	50.00
51.00	05100	RECOVERY ROOM	4,692	105,028	9,414	70,236,995	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,134	411,292	15,702	26,337,482	0	52.00
53.00	05300	ANESTHESIOLOGY	1,530	1,592,452	325,806	248,534,194	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	465,870,931	0	54.00
57.00	05700	CT SCAN	0	0	0	201,248,494	0	57.00
58.00	05800	MRI	0	0	0	86,594,213	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	113,135,762	0	59.00
60.00	06000	LABORATORY	0	929,277	0	550,195,618	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,324	478	16,393,211	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	185,659	5,882	10,665,369	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,559,118	691	194,690,517	0	65.00
66.00	06600	PHYSICAL THERAPY	0	102,175	31	42,979,296	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	31,543	0	18,473,678	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,569	0	8,927,318	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	182,923,639	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	114,431	0	24,686,270	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	93,234,380	563	134,131,717	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	287,511,730	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	204	50,863,233	692,196,688	0	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	101,306,331	0	76.00
76.01	03951	ENTEROSTOMAL	0	1,465	0	3,572,864	0	76.01
76.02	03952	DIABETIC SERVICE	0	20,869	70	3,522,823	0	76.02
76.03	03953	WOUND CARE	0	256,452	0	7,327,960	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,046	0	10,179,470	0	76.04
76.08	03956	SLEEP DISORDERS	0	49,855	0	21,773,803	0	76.08
76.09	03957	PAIN PROGRAM	0	125,610	25	23,104,862	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	13,408	88	3,684,674	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	146,285	5,729	8,651,758	0	90.00
91.00	09100	EMERGENCY	19,220	2,422,016	0	194,180,876	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	200,483	8,928	10,167,723	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIO)	PHARMACY (COSTED REQ UISITIO)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	930	5,233	6,340,060	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	112,907	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	206,039	110,981,645	51,509,412	4,806,377,004	169,353
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	SISTERS CONVENT	0	0	0	0	0
194.01	07951	BRADLEY HEALTH SVC	0	5,636	1,270	0	0
194.02	07952	COMMUNITY CLINIC	0	0	554,255	0	0
194.03	07953	FUND RAISING	0	31	0	0	0
194.04	07954	OUTREACH PHYSICIAN	0	361	0	0	0
194.05	07955	ASC LLC	0	12,579	0	0	0
194.07	07957	RESEARCH, WELLNESS, WC	0	75,386	86	0	0
194.08	07958	INDUSTRIAL REHAB	0	4,637	0	0	0
194.10	07960	IN-SCHOOL CLINIC	0	822	0	0	0
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)	24,112,652	5,111,735	28,536,099	2,198,859	11,714,364
203.00		Unit cost multiplier (Wkst. B, Part I)	117.029553	0.046018	0.548086	0.000457	69.171281
204.00		Cost to be allocated (per Wkst. B, Part II)	1,099,735	1,576,614	3,123,527	312,348	203,873
205.00		Unit cost multiplier (Wkst. B, Part II)	5.337509	0.014193	0.059993	0.000065	1.203835
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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICALEDUC - CLS (DIRECT ALL OCATION)	
			PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			18.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING	3,778					18.00
20.00	02000	NURSING PROGRAM	50	37,793				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	267		714,736			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	26			714,736		22.00
23.00	02300	PARAMEDICALEDUC - CLS	1				100	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	2					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	1					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0					23.03
23.04	02304	PARAMED ED PRGM- PGY 1	6					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	5					23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,030	31,776	272,486	272,486	0	30.00
31.00	03100	INTENSIVE CARE UNIT	233	1,855	49,864	49,864	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	106	112	13,176	13,176	0	31.01
41.00	04100	SUBPROVIDER - IRF	45	0	0	0	0	41.00
43.00	04300	NURSERY	19	112	9,984	9,984	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	311	1,055	61,472	61,472	0	50.00
51.00	05100	RECOVERY ROOM	47	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61	622	8,736	8,736	0	52.00
53.00	05300	ANESTHESIOLOGY	15	0	4,080	4,080	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	236	392	46,744	46,744	0	54.00
57.00	05700	CT SCAN	41	0	5,504	5,504	0	57.00
58.00	05800	MRI	39	0	3,136	3,136	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21	0	0	0	0	59.00
60.00	06000	LABORATORY	268	0	2,208	2,208	100	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	21	392	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	94	0	10,504	10,504	0	65.00
66.00	06600	PHYSICAL THERAPY	101	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	18	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	69	0	35,264	35,264	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15	0	2,200	2,200	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	03950	DIGESTIVE DISEASES	48	264	864	864	0	76.00
76.01	03951	ENTEROSTOMAL	7	7	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	27	14	0	0	0	76.02
76.03	03953	WOUND CARE	11	280	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	37	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	29	0	7,640	7,640	0	76.08
76.09	03957	PAIN PROGRAM	20	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	22	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	74	88	0	0	0	90.00
91.00	09100	EMERGENCY	192	248	102,976	102,976	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			OTHER GENERAL SERVICE	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUC - CLS (DIRECT ALLOCATION)	
			PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			18.00		21.00	22.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	46	312	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,717	37,529	636,838	636,838	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	9	264	77,898	77,898	0	194.04
194.05	07955	ASC LLC	2	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	41	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	3	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	6	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,548,438	5,171,348	34,223,532	51,251,000	121,201	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	409.856538	136.833488	47.882760	71.706196	1,212.010000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	554,815	1,520,984	2,404,785	985,172	15,473	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	146.854156	35.221496	3.364578	1.378372	154.730000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:

2/27/2022 10:03 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL OCATION)	PARAMED ED PRGM-HISTOTECH (DIRECT ALL OCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL OCATION)	PARAMED ED PRGM- PASTORAL (DIRECT ALL OCATION)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICALEDUC - CLS						23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	100					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		100				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH			0			23.03
23.04	02304	PARAMED ED PRGM- PGY 1				100		23.04
23.05	02305	PARAMED ED PRGM- PASTORAL					100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	100	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	100	0	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		PARAMEDICAL EDUC X-RAY (DIRECT ALL LOCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL LOCATION)	PARAMED ED PRGM-HISTOTECH (DIRECT ALL LOCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL LOCATION)	PARAMED ED PRGM- PASTORAL (DIRECT ALL LOCATION)	
		23.01	23.02	23.03	23.04	23.05	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	194.04
194.05	07955	ASC LLC	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	194.10
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)	266,155	199,902	0	773,616	429,417
203.00		Unit cost multiplier (Wkst. B, Part I)	2,661.550000	1,999.020000	0.000000	7,736.160000	4,294.170000
204.00		Cost to be allocated (per Wkst. B, Part II)	30,045	27,019	0	24,311	47,673
205.00		Unit cost multiplier (Wkst. B, Part II)	300.450000	270.190000	0.000000	243.110000	476.730000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	202,632,222		202,632,222	0	202,632,222	30.00
31.00	03100	INTENSIVE CARE UNIT	49,480,875		49,480,875	0	49,480,875	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	18,162,442		18,162,442	0	18,162,442	31.01
41.00	04100	SUBPROVIDER - IRF	9,050,831		9,050,831	0	9,050,831	41.00
43.00	04300	NURSERY	4,053,026		4,053,026	0	4,053,026	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,608,326		57,608,326	0	57,608,326	50.00
51.00	05100	RECOVERY ROOM	6,701,488		6,701,488	0	6,701,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,186,545		9,186,545	0	9,186,545	52.00
53.00	05300	ANESTHESIOLOGY	6,995,561		6,995,561	0	6,995,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,577,916		60,577,916	0	60,577,916	54.00
57.00	05700	CT SCAN	7,779,547		7,779,547	0	7,779,547	57.00
58.00	05800	MRI	8,221,174		8,221,174	0	8,221,174	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,164,838		4,164,838	0	4,164,838	59.00
60.00	06000	LABORATORY	40,078,228		40,078,228	30,805	40,109,033	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,994,279		6,994,279	0	6,994,279	63.00
64.00	06400	INTRAVENOUS THERAPY	3,168,787		3,168,787	0	3,168,787	64.00
65.00	06500	RESPIRATORY THERAPY	15,104,191	0	15,104,191	0	15,104,191	65.00
66.00	06600	PHYSICAL THERAPY	15,159,610	0	15,159,610	0	15,159,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,601,241	0	4,601,241	0	4,601,241	67.00
68.00	06800	SPEECH PATHOLOGY	2,489,322	0	2,489,322	0	2,489,322	68.00
69.00	06900	ELECTROCARDIOLOGY	8,727,089		8,727,089	0	8,727,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,536,895		2,536,895	0	2,536,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,265,300		48,265,300	0	48,265,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,439,336		65,439,336	0	65,439,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,378,234		90,378,234	0	90,378,234	73.00
76.00	03950	DIGESTIVE DISEASES	6,631,469		6,631,469	0	6,631,469	76.00
76.01	03951	ENTEROSTOMAL	1,540,972		1,540,972	0	1,540,972	76.01
76.02	03952	DIABETIC SERVICE	2,813,474		2,813,474	0	2,813,474	76.02
76.03	03953	WOUND CARE	1,796,835		1,796,835	0	1,796,835	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,369,642		4,369,642	0	4,369,642	76.04
76.08	03956	SLEEP DISORDERS	3,305,369		3,305,369	0	3,305,369	76.08
76.09	03957	PAIN PROGRAM	2,221,761		2,221,761	0	2,221,761	76.09
76.97	07697	CARDIAC REHABILITATION	2,325,782		2,325,782	0	2,325,782	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,186,086		8,186,086	0	8,186,086	90.00
91.00	09100	EMERGENCY	32,317,605		32,317,605	0	32,317,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,869,667		21,869,667		21,869,667	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,140,319		6,140,319	0	6,140,319	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,020,411		4,020,411		4,020,411	105.00
109.00	10900	PANCREAS ACQUISITION	189,565		189,565		189,565	109.00
200.00		Subtotal (see instructions)	845,286,260	0	845,286,260	30,805	845,317,065	200.00
201.00		Less Observation Beds	21,869,667		21,869,667		21,869,667	201.00
202.00		Total (see instructions)	823,416,593	0	823,416,593	30,805	823,447,398	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 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	357,931,844		357,931,844		30.00
31.00	03100	INTENSIVE CARE UNIT	128,122,316		128,122,316		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	35,307,962		35,307,962		31.01
41.00	04100	SUBPROVIDER - IRF	16,318,120		16,318,120		41.00
43.00	04300	NURSERY	30,016,542		30,016,542		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	204,784,477	228,089,783	432,874,260	0.133083	0.000000
51.00	05100	RECOVERY ROOM	25,452,645	44,784,350	70,236,995	0.095413	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,801,488	3,535,994	26,337,482	0.348801	0.000000
53.00	05300	ANESTHESIOLOGY	118,491,603	130,042,591	248,534,194	0.028147	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,760,420	332,110,511	465,870,931	0.130032	0.000000
57.00	05700	CT SCAN	92,364,824	108,883,670	201,248,494	0.038656	0.000000
58.00	05800	MRI	27,166,032	59,428,181	86,594,213	0.094939	0.000000
59.00	05900	CARDIAC CATHETERIZATION	61,968,540	51,167,222	113,135,762	0.036813	0.000000
60.00	06000	LABORATORY	282,166,861	268,028,757	550,195,618	0.072844	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,277,878	3,115,333	16,393,211	0.426657	0.000000
64.00	06400	INTRAVENOUS THERAPY	54,822	10,610,547	10,665,369	0.297110	0.000000
65.00	06500	RESPIRATORY THERAPY	178,427,292	16,263,225	194,690,517	0.077581	0.000000
66.00	06600	PHYSICAL THERAPY	22,993,584	19,985,712	42,979,296	0.352719	0.000000
67.00	06700	OCCUPATIONAL THERAPY	14,336,167	4,137,511	18,473,678	0.249070	0.000000
68.00	06800	SPEECH PATHOLOGY	6,868,217	2,059,101	8,927,318	0.278843	0.000000
69.00	06900	ELECTROCARDIOLOGY	65,783,557	117,140,082	182,923,639	0.047709	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	19,699,631	4,986,639	24,686,270	0.102765	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76,721,027	57,410,690	134,131,717	0.359835	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,446,199	123,065,531	287,511,730	0.227606	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	393,833,236	298,363,452	692,196,688	0.130567	0.000000
76.00	03950	DIGESTIVE DISEASES	37,025,402	64,280,929	101,306,331	0.065460	0.000000
76.01	03951	ENTEROSTOMAL	3,437,681	135,183	3,572,864	0.431299	0.000000
76.02	03952	DIABETIC SERVICE	1,880	3,520,943	3,522,823	0.798642	0.000000
76.03	03953	WOUND CARE	32,225	7,295,735	7,327,960	0.245203	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	893,906	9,285,564	10,179,470	0.429260	0.000000
76.08	03956	SLEEP DISORDERS	227,381	21,546,422	21,773,803	0.151805	0.000000
76.09	03957	PAIN PROGRAM	381	23,104,481	23,104,862	0.096160	0.000000
76.97	07697	CARDIAC REHABILITATION	716,126	2,968,548	3,684,674	0.631204	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	333,883	8,317,875	8,651,758	0.946176	0.000000
91.00	09100	EMERGENCY	71,322,185	122,858,691	194,180,876	0.166430	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,883,151	23,263,576	36,146,727	0.605025	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,623,905	4,543,818	10,167,723	0.603903	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,275,363	64,697	6,340,060		105.00
109.00	10900	PANCREAS ACQUISITION	112,907	0	112,907		109.00
200.00		Subtotal (see instructions)	2,631,981,660	2,174,395,344	4,806,377,004		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,631,981,660	2,174,395,344	4,806,377,004		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/27/2022 10:03 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133083		50.00
51.00	05100	RECOVERY ROOM	0.095413		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348801		52.00
53.00	05300	ANESTHESIOLOGY	0.028147		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130032		54.00
57.00	05700	CT SCAN	0.038656		57.00
58.00	05800	MRI	0.094939		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.036813		59.00
60.00	06000	LABORATORY	0.072900		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.426657		63.00
64.00	06400	INTRAVENOUS THERAPY	0.297110		64.00
65.00	06500	RESPIRATORY THERAPY	0.077581		65.00
66.00	06600	PHYSICAL THERAPY	0.352719		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249070		67.00
68.00	06800	SPEECH PATHOLOGY	0.278843		68.00
69.00	06900	ELECTROCARDIOLOGY	0.047709		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.102765		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.359835		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227606		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130567		73.00
76.00	03950	DIGESTIVE DISEASES	0.065460		76.00
76.01	03951	ENTEROSTOMAL	0.431299		76.01
76.02	03952	DIABETIC SERVICE	0.798642		76.02
76.03	03953	WOUND CARE	0.245203		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.429260		76.04
76.08	03956	SLEEP DISORDERS	0.151805		76.08
76.09	03957	PAIN PROGRAM	0.096160		76.09
76.97	07697	CARDIAC REHABILITATION	0.631204		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.946176		90.00
91.00	09100	EMERGENCY	0.166430		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.605025		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.603903		92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost	
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	202,632,222		202,632,222	0	202,632,222	30.00
31.00	03100	INTENSIVE CARE UNIT	49,480,875		49,480,875	0	49,480,875	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	18,162,442		18,162,442	0	18,162,442	31.01
41.00	04100	SUBPROVIDER - IRF	9,050,831		9,050,831	0	9,050,831	41.00
43.00	04300	NURSERY	4,053,026		4,053,026	0	4,053,026	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,608,326		57,608,326	0	57,608,326	50.00
51.00	05100	RECOVERY ROOM	6,701,488		6,701,488	0	6,701,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,186,545		9,186,545	0	9,186,545	52.00
53.00	05300	ANESTHESIOLOGY	6,995,561		6,995,561	0	6,995,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,577,916		60,577,916	0	60,577,916	54.00
57.00	05700	CT SCAN	7,779,547		7,779,547	0	7,779,547	57.00
58.00	05800	MRI	8,221,174		8,221,174	0	8,221,174	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,164,838		4,164,838	0	4,164,838	59.00
60.00	06000	LABORATORY	40,078,228		40,078,228	30,805	40,109,033	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,994,279		6,994,279	0	6,994,279	63.00
64.00	06400	INTRAVENOUS THERAPY	3,168,787		3,168,787	0	3,168,787	64.00
65.00	06500	RESPIRATORY THERAPY	15,104,191	0	15,104,191	0	15,104,191	65.00
66.00	06600	PHYSICAL THERAPY	15,159,610	0	15,159,610	0	15,159,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,601,241	0	4,601,241	0	4,601,241	67.00
68.00	06800	SPEECH PATHOLOGY	2,489,322	0	2,489,322	0	2,489,322	68.00
69.00	06900	ELECTROCARDIOLOGY	8,727,089		8,727,089	0	8,727,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,536,895		2,536,895	0	2,536,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,265,300		48,265,300	0	48,265,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,439,336		65,439,336	0	65,439,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,378,234		90,378,234	0	90,378,234	73.00
76.00	03950	DIGESTIVE DISEASES	6,631,469		6,631,469	0	6,631,469	76.00
76.01	03951	ENTEROSTOMAL	1,540,972		1,540,972	0	1,540,972	76.01
76.02	03952	DIABETIC SERVICE	2,813,474		2,813,474	0	2,813,474	76.02
76.03	03953	WOUND CARE	1,796,835		1,796,835	0	1,796,835	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,369,642		4,369,642	0	4,369,642	76.04
76.08	03956	SLEEP DISORDERS	3,305,369		3,305,369	0	3,305,369	76.08
76.09	03957	PAIN PROGRAM	2,221,761		2,221,761	0	2,221,761	76.09
76.97	07697	CARDIAC REHABILITATION	2,325,782		2,325,782	0	2,325,782	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,186,086		8,186,086	0	8,186,086	90.00
91.00	09100	EMERGENCY	32,317,605		32,317,605	0	32,317,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,869,667		21,869,667		21,869,667	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,140,319		6,140,319	0	6,140,319	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,020,411		4,020,411		4,020,411	105.00
109.00	10900	PANCREAS ACQUISITION	189,565		189,565		189,565	109.00
200.00		Subtotal (see instructions)	845,286,260	0	845,286,260	30,805	845,317,065	200.00
201.00		Less Observation Beds	21,869,667		21,869,667		21,869,667	201.00
202.00		Total (see instructions)	823,416,593	0	823,416,593	30,805	823,447,398	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 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	357,931,844		357,931,844			30.00	
31.00	03100	INTENSIVE CARE UNIT	128,122,316		128,122,316			31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	35,307,962		35,307,962			31.01	
41.00	04100	SUBPROVIDER - IRF	16,318,120		16,318,120			41.00	
43.00	04300	NURSERY	30,016,542		30,016,542			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	204,784,477	228,089,783	432,874,260	0.133083	0.000000	50.00	
51.00	05100	RECOVERY ROOM	25,452,645	44,784,350	70,236,995	0.095413	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,801,488	3,535,994	26,337,482	0.348801	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	118,491,603	130,042,591	248,534,194	0.028147	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,760,420	332,110,511	465,870,931	0.130032	0.000000	54.00	
57.00	05700	CT SCAN	92,364,824	108,883,670	201,248,494	0.038656	0.000000	57.00	
58.00	05800	MRI	27,166,032	59,428,181	86,594,213	0.094939	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	61,968,540	51,167,222	113,135,762	0.036813	0.000000	59.00	
60.00	06000	LABORATORY	282,166,861	268,028,757	550,195,618	0.072844	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,277,878	3,115,333	16,393,211	0.426657	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	54,822	10,610,547	10,665,369	0.297110	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	178,427,292	16,263,225	194,690,517	0.077581	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	22,993,584	19,985,712	42,979,296	0.352719	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	14,336,167	4,137,511	18,473,678	0.249070	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	6,868,217	2,059,101	8,927,318	0.278843	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	65,783,557	117,140,082	182,923,639	0.047709	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	19,699,631	4,986,639	24,686,270	0.102765	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76,721,027	57,410,690	134,131,717	0.359835	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,446,199	123,065,531	287,511,730	0.227606	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	393,833,236	298,363,452	692,196,688	0.130567	0.000000	73.00	
76.00	03950	DIGESTIVE DISEASES	37,025,402	64,280,929	101,306,331	0.065460	0.000000	76.00	
76.01	03951	ENTEROSTOMAL	3,437,681	135,183	3,572,864	0.431299	0.000000	76.01	
76.02	03952	DIABETIC SERVICE	1,880	3,520,943	3,522,823	0.798642	0.000000	76.02	
76.03	03953	WOUND CARE	32,225	7,295,735	7,327,960	0.245203	0.000000	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	893,906	9,285,564	10,179,470	0.429260	0.000000	76.04	
76.08	03956	SLEEP DISORDERS	227,381	21,546,422	21,773,803	0.151805	0.000000	76.08	
76.09	03957	PAIN PROGRAM	381	23,104,481	23,104,862	0.096160	0.000000	76.09	
76.97	07697	CARDIAC REHABILITATION	716,126	2,968,548	3,684,674	0.631204	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	333,883	8,317,875	8,651,758	0.946176	0.000000	90.00	
91.00	09100	EMERGENCY	71,322,185	122,858,691	194,180,876	0.166430	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,883,151	23,263,576	36,146,727	0.605025	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,623,905	4,543,818	10,167,723	0.603903	0.000000	92.01	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	6,275,363	64,697	6,340,060			105.00	
109.00	10900	PANCREAS ACQUISITION	112,907	0	112,907			109.00	
200.00		Subtotal (see instructions)	2,631,981,660	2,174,395,344	4,806,377,004			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,631,981,660	2,174,395,344	4,806,377,004			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 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
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
41.00	04100	SUBPROVIDER - IRF				41.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	DIGESTIVE DISEASES	0.000000			76.00
76.01	03951	ENTEROSTOMAL	0.000000			76.01
76.02	03952	DIABETIC SERVICE	0.000000			76.02
76.03	03953	WOUND CARE	0.000000			76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.04
76.08	03956	SLEEP DISORDERS	0.000000			76.08
76.09	03957	PAIN PROGRAM	0.000000			76.09
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

			Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	235,218,539		235,218,539	0
31.00	03100	INTENSIVE CARE UNIT	55,444,059		55,444,059	0
31.01	02060	NEONATAL INTENSIVE CARE UNIT	19,738,146		19,738,146	0
41.00	04100	SUBPROVIDER - IRF	9,050,831		9,050,831	0
43.00	04300	NURSERY	5,247,002		5,247,002	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	64,959,698		64,959,698	0
51.00	05100	RECOVERY ROOM	6,701,488		6,701,488	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,231,274		10,231,274	0
53.00	05300	ANESTHESIOLOGY	7,483,484		7,483,484	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,167,982		66,167,982	0
57.00	05700	CT SCAN	8,437,765		8,437,765	0
58.00	05800	MRI	8,596,205		8,596,205	0
59.00	05900	CARDIAC CATHETERIZATION	4,164,838		4,164,838	0
60.00	06000	LABORATORY	40,342,280		40,342,280	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,994,279		6,994,279	0
64.00	06400	INTRAVENOUS THERAPY	3,168,787		3,168,787	0
65.00	06500	RESPIRATORY THERAPY	16,360,354	0	16,360,354	0
66.00	06600	PHYSICAL THERAPY	15,159,610	0	15,159,610	0
67.00	06700	OCCUPATIONAL THERAPY	4,601,241	0	4,601,241	0
68.00	06800	SPEECH PATHOLOGY	2,489,322	0	2,489,322	0
69.00	06900	ELECTROCARDIOLOGY	12,944,274		12,944,274	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,799,991		2,799,991	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,265,300		48,265,300	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,439,336		65,439,336	0
73.00	07300	DRUGS CHARGED TO PATIENTS	90,378,234		90,378,234	0
76.00	03950	DIGESTIVE DISEASES	6,734,794		6,734,794	0
76.01	03951	ENTEROSTOMAL	1,540,972		1,540,972	0
76.02	03952	DIABETIC SERVICE	2,813,474		2,813,474	0
76.03	03953	WOUND CARE	1,796,835		1,796,835	0
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,369,642		4,369,642	0
76.08	03956	SLEEP DISORDERS	4,219,028		4,219,028	0
76.09	03957	PAIN PROGRAM	2,221,761		2,221,761	0
76.97	07697	CARDIAC REHABILITATION	2,325,782		2,325,782	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,186,086		8,186,086	0
91.00	09100	EMERGENCY	44,632,397		44,632,397	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,140,319		6,140,319	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,020,411		4,020,411	0
109.00	10900	PANCREAS ACQUISITION	189,565		189,565	0
200.00		Subtotal (see instructions)	899,575,385	0	899,575,385	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	899,575,385	0	899,575,385	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

			Title V			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	0		0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			0		31.01
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0.000000	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0.000000	76.02
76.03	03953	WOUND CARE	0	0	0	0.000000	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	76.04
76.08	03956	SLEEP DISORDERS		0	0	0.000000	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
200.00		Subtotal (see instructions)	0	0	0		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	0	0	0		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
41.00	04100	SUBPROVIDER - IRF				41.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	DIGESTIVE DISEASES	0.000000			76.00
76.01	03951	ENTEROSTOMAL	0.000000			76.01
76.02	03952	DIABETIC SERVICE	0.000000			76.02
76.03	03953	WOUND CARE	0.000000			76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.04
76.08	03956	SLEEP DISORDERS	0.000000			76.08
76.09	03957	PAIN PROGRAM	0.000000			76.09
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/27/2022 10:03 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	11,801,908	0	11,801,908	147,265	80.14	30.00
31.00	INTENSIVE CARE UNIT	2,128,313		2,128,313	18,659	114.06	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,209,817		1,209,817	7,273	166.34	31.01
41.00	SUBPROVIDER - IRF	327,389	0	327,389	8,407	38.94	41.00
43.00	NURSERY	363,636		363,636	3,643	99.82	43.00
200.00	Total (lines 30 through 199)	15,831,063		15,831,063	185,247		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	43,516	3,487,372				30.00
31.00	INTENSIVE CARE UNIT	7,718	880,315				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
41.00	SUBPROVIDER - IRF	3,312	128,969				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	54,546	4,496,656				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/27/2022 10:03 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,202,326	432,874,260	0.014328	59,403,452	851,133	50.00
51.00	05100	RECOVERY ROOM	280,166	70,236,995	0.003989	9,912,264	39,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	586,096	26,337,482	0.022253	93,019	2,070	52.00
53.00	05300	ANESTHESIOLOGY	496,428	248,534,194	0.001997	37,456,890	74,801	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,521,572	465,870,931	0.016145	63,706,734	1,028,545	54.00
57.00	05700	CT SCAN	1,116,564	201,248,494	0.005548	33,483,576	185,767	57.00
58.00	05800	MRI	2,226,342	86,594,213	0.025710	8,368,486	215,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	800,377	113,135,762	0.007074	22,244,346	157,357	59.00
60.00	06000	LABORATORY	2,395,207	550,195,618	0.004353	92,096,466	400,896	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	297,005	16,393,211	0.018118	3,965,825	71,853	63.00
64.00	06400	INTRAVENOUS THERAPY	423,309	10,665,369	0.039690	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	884,900	194,690,517	0.004545	44,424,276	201,908	65.00
66.00	06600	PHYSICAL THERAPY	834,904	42,979,296	0.019426	6,725,571	130,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	174,056	18,473,678	0.009422	3,095,515	29,166	67.00
68.00	06800	SPEECH PATHOLOGY	55,495	8,927,318	0.006216	1,527,959	9,498	68.00
69.00	06900	ELECTROCARDIOLOGY	1,243,056	182,923,639	0.006795	19,032,788	129,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,385	24,686,270	0.006132	6,561,950	40,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,099,541	134,131,717	0.015653	25,904,603	405,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,161,751	287,511,730	0.004041	66,902,585	270,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,187,171	692,196,688	0.006049	112,502,068	680,525	73.00
76.00	03950	DIGESTIVE DISEASES	329,847	101,306,331	0.003256	11,445,170	37,265	76.00
76.01	03951	ENTEROSTOMAL	649,902	3,572,864	0.181899	1,382,788	251,528	76.01
76.02	03952	DIABETIC SERVICE	182,358	3,522,823	0.051765	0	0	76.02
76.03	03953	WOUND CARE	147,940	7,327,960	0.020188	27,542	556	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	382,784	10,179,470	0.037604	165,158	6,211	76.04
76.08	03956	SLEEP DISORDERS	125,611	21,773,803	0.005769	0	0	76.08
76.09	03957	PAIN PROGRAM	125,069	23,104,862	0.005413	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	130,384	3,684,674	0.035385	324,365	11,478	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	781,328	8,651,758	0.090309	0	0	90.00
91.00	09100	EMERGENCY	1,760,477	194,180,876	0.009066	26,208,880	237,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,273,755	36,146,727	0.035238	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	464,259	10,167,723	0.045660	4,990,884	227,884	92.01
200.00		Total (lines 50 through 199)	39,491,365	4,232,227,253		661,953,160	5,696,800	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/27/2022 10:03 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	4,348,022	0	629,319	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	253,826	0	0	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	15,325	0	0	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	15,325	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	4,632,498	0	629,319	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	4,977,341	147,265	33.80	43,516	30.00			
31.00	03100	INTENSIVE CARE UNIT		253,826	18,659	13.60	7,718	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT		15,325	7,273	2.11	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	8,407	0.00	3,312	41.00			
43.00	04300	NURSERY		15,325	3,643	4.21	0	43.00			
200.00		Total (lines 30 through 199)		5,261,817	185,247		54,546	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	1,470,841								30.00
31.00	03100	INTENSIVE CARE UNIT	104,965								31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0								31.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	1,575,806								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 10:03 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	144,359	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	85,110	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	53,639	0	266,155	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	121,201	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	53,639	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
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	773,616	73.00	
76.00	03950	DIGESTIVE DISEASES	0	0	36,124	0	0	76.00	
76.01	03951	ENTEROSTOMAL	0	0	958	0	0	76.01	
76.02	03952	DIABETIC SERVICE	0	0	1,916	0	0	76.02	
76.03	03953	WOUND CARE	0	0	38,313	0	0	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04	
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08	
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	12,041	0	0	90.00	
91.00	09100	EMERGENCY	0	0	33,935	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	469,279	0	67,927	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	42,692	0	0	92.01	
200.00		Total (lines 50 through 199)	0	0	972,005	0	1,228,899	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 10:03 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	144,359	144,359	432,874,260	0.000333	50.00
51.00	05100	RECOVERY ROOM	0	0	0	70,236,995	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	85,110	85,110	26,337,482	0.003232	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	248,534,194	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	319,794	319,794	465,870,931	0.000686	54.00
57.00	05700	CT SCAN	0	0	0	201,248,494	0.000000	57.00
58.00	05800	MRI	0	0	0	86,594,213	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	113,135,762	0.000000	59.00
60.00	06000	LABORATORY	0	121,201	121,201	550,195,618	0.000220	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,393,211	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	53,639	53,639	10,665,369	0.005029	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	194,690,517	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	42,979,296	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,473,678	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,927,318	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	182,923,639	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	24,686,270	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	134,131,717	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	287,511,730	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	773,616	773,616	692,196,688	0.001118	73.00
76.00	03950	DIGESTIVE DISEASES	0	36,124	36,124	101,306,331	0.000357	76.00
76.01	03951	ENTEROSTOMAL	0	958	958	3,572,864	0.000268	76.01
76.02	03952	DIABETIC SERVICE	0	1,916	1,916	3,522,823	0.000544	76.02
76.03	03953	WOUND CARE	0	38,313	38,313	7,327,960	0.005228	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	10,179,470	0.000000	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	21,773,803	0.000000	76.08
76.09	03957	PAIN PROGRAM	0	0	0	23,104,862	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,684,674	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12,041	12,041	8,651,758	0.001392	90.00
91.00	09100	EMERGENCY	0	33,935	33,935	194,180,876	0.000175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	537,206	537,206	36,146,727	0.014862	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	42,692	42,692	10,167,723	0.004199	92.01
200.00		Total (lines 50 through 199)	0	2,200,904	2,200,904	4,232,227,253		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/27/2022 10:03 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000333	59,403,452	19,781	36,579,438	12,181	50.00
51.00	05100	RECOVERY ROOM	0.000000	9,912,264	0	9,785,364	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.003232	93,019	301	19,522	63	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	37,456,890	0	24,156,257	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000686	63,706,734	43,703	97,253,917	66,716	54.00
57.00	05700	CT SCAN	0.000000	33,483,576	0	26,159,688	0	57.00
58.00	05800	MRI	0.000000	8,368,486	0	12,271,499	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	22,244,346	0	31,652,012	0	59.00
60.00	06000	LABORATORY	0.000220	92,096,466	20,261	23,954,627	5,270	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	3,965,825	0	469,288	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.005029	0	0	3,061,272	15,395	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	44,424,276	0	5,284,920	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,725,571	0	431,222	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,095,515	0	191,391	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,527,959	0	13,291	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,032,788	0	31,488,164	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,561,950	0	246,300	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	25,904,603	0	17,599,594	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	66,902,585	0	38,724,866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001118	112,502,068	125,777	104,698,263	117,053	73.00
76.00	03950	DIGESTIVE DISEASES	0.000357	11,445,170	4,086	19,365,644	6,914	76.00
76.01	03951	ENTEROSTOMAL	0.000268	1,382,788	371	16,444	4	76.01
76.02	03952	DIABETIC SERVICE	0.000544	0	0	154,274	84	76.02
76.03	03953	WOUND CARE	0.005228	27,542	144	3,266,049	17,075	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	165,158	0	1,257,675	0	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	276,731	0	76.08
76.09	03957	PAIN PROGRAM	0.000000	0	0	7,286,059	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	324,365	0	808,408	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.001392	0	0	467,047	650	90.00
91.00	09100	EMERGENCY	0.000175	26,208,880	4,587	14,598,529	2,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.014862	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.004199	4,990,884	20,957	2,372,178	9,961	92.01
200.00		Total (lines 50 through 199)		661,953,160	239,968	513,909,933	253,921	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/27/2022 10:03 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		0.133083	36,579,438	0	0	4,868,101	50.00
51.00	05100	RECOVERY ROOM		0.095413	9,785,364	0	0	933,651	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.348801	19,522	0	0	6,809	52.00
53.00	05300	ANESTHESIOLOGY		0.028147	24,156,257	0	0	679,926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.130032	97,253,917	0	0	12,646,121	54.00
57.00	05700	CT SCAN		0.038656	26,159,688	1	0	1,011,229	57.00
58.00	05800	MRI		0.094939	12,271,499	0	0	1,165,044	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.036813	31,652,012	0	0	1,165,206	59.00
60.00	06000	LABORATORY		0.072844	23,954,627	136	0	1,744,951	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.426657	469,288	0	0	200,225	63.00
64.00	06400	INTRAVENOUS THERAPY		0.297110	3,061,272	0	0	909,535	64.00
65.00	06500	RESPIRATORY THERAPY		0.077581	5,284,920	0	0	410,009	65.00
66.00	06600	PHYSICAL THERAPY		0.352719	431,222	0	0	152,100	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.249070	191,391	0	0	47,670	67.00
68.00	06800	SPEECH PATHOLOGY		0.278843	13,291	0	0	3,706	68.00
69.00	06900	ELECTROCARDIOLOGY		0.047709	31,488,164	0	0	1,502,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.102765	246,300	0	0	25,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.359835	17,599,594	0	0	6,332,950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.227606	38,724,866	929	0	8,814,012	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.130567	104,698,263	0	167,573	13,670,138	73.00
76.00	03950	DIGESTIVE DISEASES		0.065460	19,365,644	0	0	1,267,675	76.00
76.01	03951	ENTEROSTOMAL		0.431299	16,444	0	0	7,092	76.01
76.02	03952	DIABETIC SERVICE		0.798642	154,274	0	0	123,210	76.02
76.03	03953	WOUND CARE		0.245203	3,266,049	0	0	800,845	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.429260	1,257,675	0	0	539,870	76.04
76.08	03956	SLEEP DISORDERS		0.151805	276,731	0	0	42,009	76.08
76.09	03957	PAIN PROGRAM		0.096160	7,286,059	0	0	700,627	76.09
76.97	07697	CARDIAC REHABILITATION		0.631204	808,408	0	0	510,270	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.946176	467,047	0	0	441,909	90.00
91.00	09100	EMERGENCY		0.166430	14,598,529	0	0	2,429,633	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.605025	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.603903	2,372,178	0	0	1,432,565	92.01
200.00		Subtotal (see instructions)			513,909,933	1,066	167,573	64,584,668	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			513,909,933	1,066	167,573	64,584,668	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/27/2022 10:03 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				
51.00	05100	RECOVERY ROOM	0	0				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				
53.00	05300	ANESTHESIOLOGY	0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				
57.00	05700	CT SCAN	0	0				
58.00	05800	MRI	0	0				
59.00	05900	CARDIAC CATHETERIZATION	0	0				
60.00	06000	LABORATORY	10	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				
64.00	06400	INTRAVENOUS THERAPY	0	0				
65.00	06500	RESPIRATORY THERAPY	0	0				
66.00	06600	PHYSICAL THERAPY	0	0				
67.00	06700	OCCUPATIONAL THERAPY	0	0				
68.00	06800	SPEECH PATHOLOGY	0	0				
69.00	06900	ELECTROCARDIOLOGY	0	0				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	211	0				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,880				
76.00	03950	DIGESTIVE DISEASES	0	0				
76.01	03951	ENTEROSTOMAL	0	0				
76.02	03952	DIABETIC SERVICE	0	0				
76.03	03953	WOUND CARE	0	0				
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				
76.08	03956	SLEEP DISORDERS	0	0				
76.09	03957	PAIN PROGRAM	0	0				
76.97	07697	CARDIAC REHABILITATION	0	0				
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				
91.00	09100	EMERGENCY	0	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				
200.00		Subtotal (see instructions)	221	21,880				
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					
202.00		Net Charges (line 200 - line 201)	221	21,880				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:

Worksheet D

Component CCN: 14-T067

From 10/01/2020

Part II

To 09/30/2021

Date/Time Prepared:
2/27/2022 10:03 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,202,326	432,874,260	0.014328	112,978	1,619	50.00
51.00	05100	RECOVERY ROOM	280,166	70,236,995	0.003989	26,329	105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	586,096	26,337,482	0.022253	0	0	52.00
53.00	05300	ANESTHESIOLOGY	496,428	248,534,194	0.001997	38,295	76	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,521,572	465,870,931	0.016145	194,668	3,143	54.00
57.00	05700	CT SCAN	1,116,564	201,248,494	0.005548	159,514	885	57.00
58.00	05800	MRI	2,226,342	86,594,213	0.025710	44,575	1,146	58.00
59.00	05900	CARDIAC CATHETERIZATION	800,377	113,135,762	0.007074	0	0	59.00
60.00	06000	LABORATORY	2,395,207	550,195,618	0.004353	1,079,962	4,701	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	297,005	16,393,211	0.018118	33,622	609	63.00
64.00	06400	INTRAVENOUS THERAPY	423,309	10,665,369	0.039690	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	884,900	194,690,517	0.004545	953,422	4,333	65.00
66.00	06600	PHYSICAL THERAPY	834,904	42,979,296	0.019426	2,492,025	48,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	174,056	18,473,678	0.009422	2,365,697	22,290	67.00
68.00	06800	SPEECH PATHOLOGY	55,495	8,927,318	0.006216	620,994	3,860	68.00
69.00	06900	ELECTROCARDIOLOGY	1,243,056	182,923,639	0.006795	27,799	189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,385	24,686,270	0.006132	10,002	61	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,099,541	134,131,717	0.015653	337,364	5,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,161,751	287,511,730	0.004041	23,055	93	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,187,171	692,196,688	0.006049	2,184,099	13,212	73.00
76.00	03950	DIGESTIVE DISEASES	329,847	101,306,331	0.003256	0	0	76.00
76.01	03951	ENTEROSTOMAL	649,902	3,572,864	0.181899	0	0	76.01
76.02	03952	DIABETIC SERVICE	182,358	3,522,823	0.051765	0	0	76.02
76.03	03953	WOUND CARE	147,940	7,327,960	0.020188	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	382,784	10,179,470	0.037604	0	0	76.04
76.08	03956	SLEEP DISORDERS	125,611	21,773,803	0.005769	0	0	76.08
76.09	03957	PAIN PROGRAM	125,069	23,104,862	0.005413	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	130,384	3,684,674	0.035385	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	781,328	8,651,758	0.090309	0	0	90.00
91.00	09100	EMERGENCY	1,760,477	194,180,876	0.009066	79,541	721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	36,146,727	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	464,259	10,167,723	0.045660	0	0	92.01
200.00		Total (lines 50 through 199)	38,217,610	4,232,227,253		10,783,941	110,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 10:03 pm	
				Title XVIII		Subprovider - IRF		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	144,359	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	85,110	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	53,639	0	266,155	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	121,201	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	53,639	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	773,616	0	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	36,124	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	958	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	1,916	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	38,313	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	12,041	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	33,935	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	42,692	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	502,726	0	1,160,972	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 10:03 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		144,359	144,359	432,874,260	0.000333	50.00
51.00	05100	RECOVERY ROOM	0		0	0	70,236,995	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		85,110	85,110	26,337,482	0.003232	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	248,534,194	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		319,794	319,794	465,870,931	0.000686	54.00
57.00	05700	CT SCAN	0		0	0	201,248,494	0.000000	57.00
58.00	05800	MRI	0		0	0	86,594,213	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	113,135,762	0.000000	59.00
60.00	06000	LABORATORY	0		121,201	121,201	550,195,618	0.000220	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	16,393,211	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		53,639	53,639	10,665,369	0.005029	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	194,690,517	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	42,979,296	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	18,473,678	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	8,927,318	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	182,923,639	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	24,686,270	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	134,131,717	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	287,511,730	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		773,616	773,616	692,196,688	0.001118	73.00
76.00	03950	DIGESTIVE DISEASES	0		36,124	36,124	101,306,331	0.000357	76.00
76.01	03951	ENTEROSTOMAL	0		958	958	3,572,864	0.000268	76.01
76.02	03952	DIABETIC SERVICE	0		1,916	1,916	3,522,823	0.000544	76.02
76.03	03953	WOUND CARE	0		38,313	38,313	7,327,960	0.005228	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	10,179,470	0.000000	76.04
76.08	03956	SLEEP DISORDERS	0		0	0	21,773,803	0.000000	76.08
76.09	03957	PAIN PROGRAM	0		0	0	23,104,862	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0		0	0	3,684,674	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		12,041	12,041	8,651,758	0.001392	90.00
91.00	09100	EMERGENCY	0		33,935	33,935	194,180,876	0.000175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	36,146,727	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		42,692	42,692	10,167,723	0.004199	92.01
200.00		Total (lines 50 through 199)	0		1,663,698	1,663,698	4,232,227,253		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 10:03 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000333	112,978	38	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	26,329	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.003232	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	38,295	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000686	194,668	134	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	159,514	0	0	0	0	57.00
58.00	05800	MRI	0.000000	44,575	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000220	1,079,962	238	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	33,622	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.005029	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	953,422	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,492,025	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,365,697	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	620,994	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	27,799	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	10,002	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	337,364	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,055	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001118	2,184,099	2,442	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	0.000357	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.000268	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.000544	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.005228	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.000000	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.001392	0	0	373	1	90.00	
91.00	09100	EMERGENCY	0.000175	79,541	14	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.004199	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)		10,783,941	2,866	373	1	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/27/2022 10:03 pm	
				Title XVIII		Subprovider - IRF		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	0.133083	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.095413	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348801	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.028147	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130032	0	0	0	0	54.00	
57.00	05700	CT SCAN	0.038656	0	0	0	0	57.00	
58.00	05800	MRI	0.094939	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.036813	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.072844	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.426657	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.297110	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.077581	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.352719	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.249070	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.278843	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.047709	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.102765	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.359835	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227606	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130567	0	0	1,803	0	73.00	
76.00	03950	DIGESTIVE DISEASES	0.065460	0	0	0	0	76.00	
76.01	03951	ENTEROSTOMAL	0.431299	0	0	0	0	76.01	
76.02	03952	DIABETIC SERVICE	0.798642	0	0	0	0	76.02	
76.03	03953	WOUND CARE	0.245203	0	0	0	0	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.429260	0	0	0	0	76.04	
76.08	03956	SLEEP DISORDERS	0.151805	0	0	0	0	76.08	
76.09	03957	PAIN PROGRAM	0.096160	0	0	0	0	76.09	
76.97	07697	CARDIAC REHABILITATION	0.631204	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.946176	373	0	0	353	90.00	
91.00	09100	EMERGENCY	0.166430	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.605025	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.603903	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		373	0	1,803	353	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		373	0	1,803	353	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/27/2022 10:03 pm		
			Title XVIII		Subprovider - IRF		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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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	235					73.00
76.00	03950	DIGESTIVE DISEASES	0	0					76.00
76.01	03951	ENTEROSTOMAL	0	0					76.01
76.02	03952	DIABETIC SERVICE	0	0					76.02
76.03	03953	WOUND CARE	0	0					76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.04
76.08	03956	SLEEP DISORDERS	0	0					76.08
76.09	03957	PAIN PROGRAM	0	0					76.09
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
200.00		Subtotal (see instructions)	0	235					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	235					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/27/2022 10:03 pm

			Title V		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,801,908	0	11,801,908	147,265	80.14	30.00
31.00	INTENSIVE CARE UNIT	2,128,313		2,128,313	18,659	114.06	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,209,817		1,209,817	7,273	166.34	31.01
41.00	SUBPROVIDER - IRF	327,389	0	327,389	8,407	38.94	41.00
43.00	NURSERY	363,636		363,636	3,643	99.82	43.00
200.00	Total (lines 30 through 199)	15,831,063		15,831,063	185,247		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	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		Title V		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,202,326	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	280,166	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	586,096	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	496,428	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,521,572	0	0.000000	0	54.00
57.00	05700	CT SCAN	1,116,564	0	0.000000	0	57.00
58.00	05800	MRI	2,226,342	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	800,377	0	0.000000	0	59.00
60.00	06000	LABORATORY	2,395,207	0	0.000000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	297,005	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	423,309	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	884,900	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	834,904	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	174,056	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	55,495	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,243,056	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,385	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,099,541	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,161,751	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,187,171	0	0.000000	0	73.00
76.00	03950	DIGESTIVE DISEASES	329,847	0	0.000000	0	76.00
76.01	03951	ENTEROSTOMAL	649,902	0	0.000000	0	76.01
76.02	03952	DIABETIC SERVICE	182,358	0	0.000000	0	76.02
76.03	03953	WOUND CARE	147,940	0	0.000000	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	382,784	0	0.000000	0	76.04
76.08	03956	SLEEP DISORDERS	125,611	0	0.000000	0	76.08
76.09	03957	PAIN PROGRAM	125,069	0	0.000000	0	76.09
76.97	07697	CARDIAC REHABILITATION	130,384	0	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	781,328	0	0.000000	0	90.00
91.00	09100	EMERGENCY	1,760,477	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	464,259	0	0.000000	0	92.01
200.00		Total (lines 50 through 199)	38,217,610	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/27/2022 10:03 pm	
					Title V		Hospital		Cost	
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	4,348,022	0	629,319	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	253,826	0	0	0	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	15,325	0	0	0	31.01		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	15,325	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	4,632,498	0	629,319	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	4,977,341	147,265	33.80	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	253,826	18,659	13.60	0	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	15,325	7,273	2.11	0	31.01		
41.00	04100	SUBPROVIDER - IRF	0	0	8,407	0.00	0	41.00		
43.00	04300	NURSERY	0	15,325	3,643	4.21	0	43.00		
200.00		Total (lines 30 through 199)	0	5,261,817	185,247		0	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
41.00	04100	SUBPROVIDER - IRF	0							41.00
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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			Title V		Hospital		Cost
			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	144,359	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	85,110	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	53,639	0	266,155
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	121,201
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	53,639	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	773,616
76.00	03950	DIGESTIVE DISEASES	0	0	36,124	0	0
76.01	03951	ENTEROSTOMAL	0	0	958	0	0
76.02	03952	DIABETIC SERVICE	0	0	1,916	0	0
76.03	03953	WOUND CARE	0	0	38,313	0	0
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.08	03956	SLEEP DISORDERS	0	0	0	0	0
76.09	03957	PAIN PROGRAM	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	12,041	0	0
91.00	09100	EMERGENCY	0	0	33,935	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	42,692	0	0
200.00		Total (lines 50 through 199)	0	0	502,726	0	1,160,972

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 10:03 pm	
				Title V		Hospital		Cost	
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		144,359	144,359	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		85,110	85,110	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		319,794	319,794	0	0.000000	54.00
57.00	05700	CT SCAN	0		0	0	0	0.000000	57.00
58.00	05800	MRI	0		0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		121,201	121,201	0	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		53,639	53,639	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		773,616	773,616	0	0.000000	73.00
76.00	03950	DIGESTIVE DISEASES	0		36,124	36,124	0	0.000000	76.00
76.01	03951	ENTEROSTOMAL	0		958	958	0	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0		1,916	1,916	0	0.000000	76.02
76.03	03953	WOUND CARE	0		38,313	38,313	0	0.000000	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0.000000	76.04
76.08	03956	SLEEP DISORDERS	0		0	0	0	0.000000	76.08
76.09	03957	PAIN PROGRAM	0		0	0	0	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		12,041	12,041	0	0.000000	90.00
91.00	09100	EMERGENCY	0		33,935	33,935	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		42,692	42,692	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0		1,663,698	1,663,698	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description			Title V		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	0.000000	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.000000	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.000000	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.000000	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.000000	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/27/2022 10:03 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)			147,265	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			147,265	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)			131,371	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)			43,516	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)			202,632,222	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)			202,632,222	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)			202,632,222	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)			1,375.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			59,876,711	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)			59,876,711	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

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

Worksheet D-1

Date/Time Prepared:
2/27/2022 10:03 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	49,480,875	18,659	2,651.85	7,718	20,466,978
43.01	NEONATAL INTENSIVE CARE UNIT	18,162,442	7,273	2,497.24	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					86,375,566
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					166,719,255
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,943,493
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,936,768
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,880,261
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					154,838,994
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					15,894
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,375.97
89.00	Observation bed cost (line 87 x line 88) (see instructions)					21,869,667

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

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

Worksheet D-1

Date/Time Prepared:
2/27/2022 10:03 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	11,801,908	202,632,222	0.058243	21,869,667	1,273,755
91.00	Nursing Program cost	4,348,022	202,632,222	0.021458	21,869,667	469,279
92.00	Allied health cost	629,319	202,632,222	0.003106	21,869,667	67,927
93.00	All other Medical Education	0	202,632,222	0.000000	21,869,667	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/27/2022 10:03 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,407	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,407	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)		8,407	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,312	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)		9,050,831	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)		9,050,831	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)		9,050,831	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)		1,076.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,565,633	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)		3,565,633	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1	
				Component CCN: 14-T067		Date/Time Prepared: 2/27/2022 10:03 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					2,290,151	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,855,784	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					128,969	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					113,600	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					242,569	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,613,215	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/27/2022 10:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	327,389	9,050,831	0.036172	0	0	90.00
91.00	Nursing Program cost	0	9,050,831	0.000000	0	0	91.00
92.00	Allied health cost	0	9,050,831	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,050,831	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/27/2022 10:03 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		109,577,798	30.00
31.00	03100	INTENSIVE CARE UNIT		46,335,325	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133083	59,403,452	50.00
51.00	05100	RECOVERY ROOM	0.095413	9,912,264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348801	93,019	52.00
53.00	05300	ANESTHESIOLOGY	0.028147	37,456,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130032	63,706,734	54.00
57.00	05700	CT SCAN	0.038656	33,483,576	57.00
58.00	05800	MRI	0.094939	8,368,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.036813	22,244,346	59.00
60.00	06000	LABORATORY	0.072900	92,096,466	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.426657	3,965,825	63.00
64.00	06400	INTRAVENOUS THERAPY	0.297110	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.077581	44,424,276	65.00
66.00	06600	PHYSICAL THERAPY	0.352719	6,725,571	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249070	3,095,515	67.00
68.00	06800	SPEECH PATHOLOGY	0.278843	1,527,959	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047709	19,032,788	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.102765	6,561,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.359835	25,904,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227606	66,902,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130567	112,502,068	73.00
76.00	03950	DIGESTIVE DISEASES	0.065460	11,445,170	76.00
76.01	03951	ENTEROSTOMAL	0.431299	1,382,788	76.01
76.02	03952	DIABETIC SERVICE	0.798642	0	76.02
76.03	03953	WOUND CARE	0.245203	27,542	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.429260	165,158	76.04
76.08	03956	SLEEP DISORDERS	0.151805	0	76.08
76.09	03957	PAIN PROGRAM	0.096160	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.631204	324,365	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.946176	0	90.00
91.00	09100	EMERGENCY	0.166430	26,208,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.605025	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.603903	4,990,884	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		661,953,160	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)		661,953,160	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/27/2022 10:03 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT				31.01
41.00	04100 SUBPROVIDER - IRF		6,099,615		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.133083	112,978	15,035	50.00
51.00	05100 RECOVERY ROOM	0.095413	26,329	2,512	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.348801	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028147	38,295	1,078	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130032	194,668	25,313	54.00
57.00	05700 CT SCAN	0.038656	159,514	6,166	57.00
58.00	05800 MRI	0.094939	44,575	4,232	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.036813	0	0	59.00
60.00	06000 LABORATORY	0.072900	1,079,962	78,729	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.426657	33,622	14,345	63.00
64.00	06400 INTRAVENOUS THERAPY	0.297110	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.077581	953,422	73,967	65.00
66.00	06600 PHYSICAL THERAPY	0.352719	2,492,025	878,985	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.249070	2,365,697	589,224	67.00
68.00	06800 SPEECH PATHOLOGY	0.278843	620,994	173,160	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047709	27,799	1,326	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102765	10,002	1,028	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.359835	337,364	121,395	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227606	23,055	5,247	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.130567	2,184,099	285,171	73.00
76.00	03950 DIGESTIVE DISEASES	0.065460	0	0	76.00
76.01	03951 ENTEROSTOMAL	0.431299	0	0	76.01
76.02	03952 DIABETIC SERVICE	0.798642	0	0	76.02
76.03	03953 WOUND CARE	0.245203	0	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.429260	0	0	76.04
76.08	03956 SLEEP DISORDERS	0.151805	0	0	76.08
76.09	03957 PAIN PROGRAM	0.096160	0	0	76.09
76.97	07697 CARDIAC REHABILITATION	0.631204	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.946176	0	0	90.00
91.00	09100 EMERGENCY	0.166430	79,541	13,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.605025	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.603903	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,783,941	2,290,151	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		10,783,941		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-4 Date/Time Prepared: 2/27/2022 10:03 pm	
				Component CCN:			
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	131,822	1,375.97	38	52,287	1.00
2.00	INTENSIVE CARE UNIT	43.00	101,782	2,651.85	27	71,600	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,497.24	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		233,604		65	123,887	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.133083	334,046	44,456	8.00	
9.00	RECOVERY ROOM	51.00	0.095413	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.348801	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.028147	83,151	2,340	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.130032	1,175,090	152,799	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.038656	719,583	27,816	15.00	
16.00	MRI	58.00	0.094939	1,515	144	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.036813	135,210	4,977	17.00	
18.00	LABORATORY	60.00	0.072844	380,497	27,717	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.426657	8,419	3,592	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.297110	8,681	2,579	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.077581	89,105	6,913	23.00	
24.00	PHYSICAL THERAPY	66.00	0.352719	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.249070	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.278843	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.047709	369,583	17,632	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.102765	4,008	412	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.359835	1,227,813	441,810	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.227606	4,576	1,042	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130567	381,620	49,827	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.065460	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.431299	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.798642	0	0	34.02	
34.03	WOUND CARE	76.03	0.245203	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.429260	6,761	2,902	34.04	
34.08	SLEEP DISORDERS	76.08	0.151805	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.096160	0	0	34.09	
34.97	CARDIAC REHABILITATION	76.97	0.631204	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.946176	0	0	37.00	
38.00	EMERGENCY	91.00	0.166430	87,345	14,537	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.605025	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.603903	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			5,017,003	801,495	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 2/27/2022 10:03 pm
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	38	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	27	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			65	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	87,345	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		87,345		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	925,382		5,250,607		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	4,020,411		4,020,411		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	4,945,793		9,271,018		61.00	
62.00	Total Usable Organs (see instructions)		82			62.00	
63.00	Medicare Usable Organs (see instructions)		68			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.829268			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,101,388		7,688,159		65.00	
66.00	Revenue for Organs Sold	68,046		0		66.00	
67.00	Subtotal (line 65 minus line 66)	4,033,342		7,688,159		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,033,342	0	7,688,159	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		20	32		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	34		73.00	
74.00	Total (sum of lines 70 through 73)		20	66		74.00	
75.00	Organs Transplanted		20	32	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	29	68,046	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	1		82.00	
83.00	Unusable/Discarded Organs		0	4		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		20	66		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 2/27/2022 10:03 pm	
				Pancreas	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,375.97	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	13,916	2,651.85	3	7,956	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,497.24	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		13,916		3	7,956	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.133083	36,940	4,916	8.00	
9.00	RECOVERY ROOM	51.00	0.095413	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.348801	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.028147	13,238	373	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.130032	6,152	800	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.038656	4,043	156	15.00	
16.00	MRI	58.00	0.094939	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.036813	3,883	143	17.00	
18.00	LABORATORY	60.00	0.072844	30,081	2,191	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.426657	1,202	513	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.297110	1,096	326	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.077581	8,760	680	23.00	
24.00	PHYSICAL THERAPY	66.00	0.352719	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.249070	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.278843	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.047709	5,909	282	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.102765	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.359835	4,894	1,761	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.227606	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130567	22,537	2,943	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.065460	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.431299	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.798642	0	0	34.02	
34.03	WOUND CARE	76.03	0.245203	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.429260	0	0	34.04	
34.08	SLEEP DISORDERS	76.08	0.151805	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.096160	0	0	34.09	
34.97	CARDIAC REHABILITATION	76.97	0.631204	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.946176	0	0	37.00	
38.00	EMERGENCY	91.00	0.166430	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.605025	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.603903	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			138,735	15,084	41.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0067
Component CCN:
Period: From 10/01/2020 To 09/30/2021
Worksheet D-4
Date/Time Prepared: 2/27/2022 10:03 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	23,040		152,651		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	189,565		189,565		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	212,605		342,216		61.00	
62.00	Total Usable Organs (see instructions)		8			62.00	
63.00	Medicare Usable Organs (see instructions)		6			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.750000			64.00	
65.00	Medicare Cost/Charges (see instructions)	159,454		256,662		65.00	
66.00	Revenue for Organs Sold	9,192		0		66.00	
67.00	Subtotal (line 65 minus line 66)	150,262		256,662		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	150,262	0	256,662	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	5		73.00	
74.00	Total (sum of lines 70 through 73)		0	8		74.00	
75.00	Organs Transplanted		0	3	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	4	9,192	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	1		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	8		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/27/2022 10:03 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)			106,321,744	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)			4,388,248	2.04
3.00	Managed Care Simulated Payments			52,421,248	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			605.45	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)			126.89	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).			9.51	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)			136.40	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			224.35	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.12	11.00
12.00	Current year allowable FTE (see instructions)			139.52	12.00
13.00	Total allowable FTE count for the prior year.			135.90	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.			135.35	14.00
15.00	Sum of lines 12 through 14 divided by 3.			136.92	15.00
16.00	Adjustment for residents in initial years of the program			16.90	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.25	17.00
18.00	Adjusted rolling average FTE count			154.07	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.254472	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.261820	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.254472	21.00
22.00	IME payment adjustment (see instructions)			13,803,220	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			6,805,589	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) .			25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			87.95	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)			25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.041292	26.00
27.00	IME payments adjustment factor. (see instructions)			0.010905	27.00
28.00	IME add-on adjustment amount (see instructions)			1,159,439	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			571,654	28.01
29.00	Total IME payment (sum of lines 22 and 28)			14,962,659	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			7,377,243	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.05	30.00
31.00	Percentage of Medicaid patient days (see instructions)			30.22	31.00
32.00	Sum of lines 30 and 31			35.27	32.00
33.00	Allowable disproportionate share percentage (see instructions)			18.31	33.00
34.00	Disproportionate share adjustment (see instructions)			4,866,878	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/27/2022 10:03 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
35.01	Factor 3 (see instructions)	0.000000000	0.000716700	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	5,941,453
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	5,941,453
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,941,453	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		136,480,982	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		143,858,225	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		9,567,376	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		5,968,909	
53.00	Nursing and Allied Health Managed Care payment		419,985	
54.00	Special add-on payments for new technologies		502,794	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		4,183,604	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,575,806	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		239,968	
59.00	Total (sum of amounts on lines 49 through 58)		166,316,667	
60.00	Primary payer payments		16,263	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		166,300,404	
62.00	Deductibles billed to program beneficiaries		9,010,080	
63.00	Coinsurance billed to program beneficiaries		456,448	
64.00	Allowable bad debts (see instructions)		1,359,242	
65.00	Adjusted reimbursable bad debts (see instructions)		883,507	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,360,650	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		157,717,383	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-491,721	
70.94	HRR adjustment amount (see instructions)		-1,965,574	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/27/2022 10:03 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)		155,260,088	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		139,090,514	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)		16,169,574	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		16,590,924	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2022 10:03 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	106,321,744	0	0	106,321,744	106,321,744
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	4,388,248	0	0	4,388,248	4,388,248
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	52,421,248	0	0	52,421,248	52,421,248
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.254472	0.254472	0.254472	0.254472	0.254472
6.00	IME payment adjustment (see instructions)	22.00	13,803,220	0	0	13,803,220	13,803,220
6.01	IME payment adjustment for managed care (see instructions)	22.01	6,805,589	0	0	6,805,589	6,805,589
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010905	0.010905	0.010905	0.010905	0.010905
8.00	IME adjustment (see instructions)	28.00	1,159,439	0	0	1,159,439	1,159,439
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	571,654	0	0	571,654	571,654
9.00	Total IME payment (sum of lines 6 and 8)	29.00	14,962,659	0	0	14,962,659	14,962,659
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,377,243	0	0	7,377,243	7,377,243
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1831	0.1831	0.1831	0.1831	0.1831
11.00	Disproportionate share adjustment (see instructions)	34.00	4,866,878	0	0	4,866,878	4,866,878
11.01	Uncompensated care payments	36.00	5,941,453	0	0	5,941,453	5,941,453
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	136,480,982	0	0	136,480,982	136,480,982
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	143,858,225	0	0	143,858,225	143,858,225
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,567,376	0	0	9,567,376	9,567,376

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2022 10:03 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	502,794	0	0	502,794	502,794	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	153,928,395	153,928,395	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	8,060,744	0	0	8,060,744	8,060,744	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	510,324	0	0	510,324	510,324	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	0.1236	0.1236	0.1236	0.1236		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	996,308	0	0	996,308	996,308	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	9,567,376	0	0	9,567,376	9,567,376	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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2022 10:03 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	106,321,744		106,321,744	106,321,744	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	4,388,248		4,388,248	4,388,248	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	52,421,248	0	52,421,248	52,421,248	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.254472	0.254472	0.254472		5.00
6.00	IME payment adjustment (see instructions)	22.00	13,803,220	0	13,803,220	13,803,220	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	6,805,589	0	6,805,589	6,805,589	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	0.010905	0.010905	0.010905		7.00
8.00	IME adjustment (see instructions)	28.00	1,159,439	0	1,159,439	1,159,439	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	571,654	0	571,654	571,654	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	14,962,659	0	14,962,659	14,962,659	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,377,243	0	7,377,243	7,377,243	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1831	0.1831	0.1831		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,866,878	0	4,866,878	4,866,878	11.00
11.01	Uncompensated care payments	36.00	5,941,453	0	5,941,453	5,941,453	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	136,480,982	0	136,480,982	136,480,982	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	143,858,225	0	143,858,225	143,858,225	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,567,376	0	9,567,376	9,567,376	16.00
17.00	Special add-on payments for new technologies	54.00	502,794	0	502,794	502,794	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	153,928,395	153,928,395	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2022 10:03 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	8,060,744	0	8,060,744	8,060,744	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	510,324	0	510,324	510,324	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	0.1236	0.1236	0.1236		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	996,308	0	996,308	996,308	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	9,567,376	0	9,567,376	9,567,376	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	-491,721	0	-491,721	-491,721	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,965,574	0	-1,965,574	-1,965,574	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		SAINT FRANCIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/27/2022 10:03 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			22,101	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			64,330,747	2.00
3.00	OPPS payments			60,354,871	3.00
4.00	Outlier payment (see instructions)			316,250	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			253,921	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			22,101	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			168,639	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)			168,639	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)			168,639	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			146,538	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)			22,101	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)			60,925,042	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			304	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			9,995,538	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			50,951,301	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			2,181,808	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)			53,133,109	30.00
31.00	Primary payer payments			2,809	31.00
32.00	Subtotal (line 30 minus line 31)			53,130,300	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)			776,256	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			504,566	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			778,255	36.00
37.00	Subtotal (see instructions)			53,634,866	37.00
38.00	MSP-LCC reconciliation amount from PS&R			-67	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			38,949	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			53,634,933	40.00
40.01	Sequestration adjustment (see instructions)			0	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			50,853,992	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			2,780,941	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,710,309	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/27/2022 10:03 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		235	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		352	2.00
3.00	OPPS payments		177	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		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		235	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,803	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)		1,803	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)		1,803	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,568	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)		235	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)		178	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		413	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)		413	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		413	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		413	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		413	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		537	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-124	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/27/2022 10:03 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		139,090,514		50,695,392	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	07/21/2021	158,600	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		158,600	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)		139,090,514		50,853,992	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		16,169,574		2,780,941	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		155,260,088		53,634,933	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0067
 Component CCN: 14-T067

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/27/2022 10:03 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		6,137,516		537	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)		6,137,516		537	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		8,005		124	6.02
7.00	Total Medicare program liability (see instructions)		6,129,511		413	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: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet E-1 Part II Date/Time Prepared: 2/27/2022 10:03 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part III Date/Time Prepared: 2/27/2022 10:03 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			5,590,414 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0316 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			376,794 3.00
4.00	Outlier Payments			226,637 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.62 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			23.032877 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,193,845 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,193,845 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,193,845 19.00
20.00	Deductibles			39,004 20.00
21.00	Subtotal (line 19 minus line 20)			6,154,841 21.00
22.00	Coinsurance			28,196 22.00
23.00	Subtotal (line 21 minus line 22)			6,126,645 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,126,645 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,866 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,129,511 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,137,516 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-8,005 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			226,637 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067		Period: From 10/01/2020 To 09/30/2021		Worksheet E-4 Date/Time Prepared: 2/27/2022 10:03 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					114.45	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					10.07	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					124.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					241.50	6.00
7.00	Enter the lesser of line 5 or line 6					124.52	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	109.67	118.69	228.36		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	56.55	61.20	117.75		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		3.12			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.12			10.01	
11.00	Total weighted FTE count	56.55	64.32			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.05	61.49			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.90	62.19			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	56.83	62.67			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.25	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.25	0.00			16.01	
17.00	Adjusted rolling average FTE count	57.08	62.67			17.00	
18.00	Per resident amount	120,857.97	114,576.88			18.00	
19.00	Approved amount for resident costs	6,898,573	7,180,533	14,079,106		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			116.98		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			23.64		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			106,402.39		23.00	
24.00	Multiply line 22 time line 23			2,515,352		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			16,594,458		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	54,546	7,248	21,248		26.00	
27.00	Total Inpatient Days (see instructions)	166,708	166,708	166,708		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.327195	0.043477	0.127456		28.00	
29.00	Program direct GME amount	5,429,624	721,477	2,115,063	8,266,164	29.00	
29.01	Percent reduction for MA DGME		4.07	4.07		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		29,364	86,083	115,447	30.00	
31.00	Net Program direct GME amount				8,150,717	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/27/2022 10:03 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			172,575,039	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			4,183,604	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			16,263	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			176,742,380	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			64,607,357	42.00
43.00	Primary payer payments (see instructions)			2,809	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			64,604,548	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			241,346,928	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.732317	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.267683	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			8,150,717	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,968,909	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,181,808	50.00

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

Provider CCN: 14-0067

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

Worksheet G

Date/Time Prepared:
2/27/2022 10:03 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	402,743	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	794,089,717	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-590,287,930	0	0	0	6.00
7.00 Inventory	17,469,639	0	0	0	7.00
8.00 Prepaid expenses	381,964	0	0	0	8.00
9.00 Other current assets	14,429,831	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)	236,485,964	0	0	0	11.00
FIXED ASSETS					
12.00 Land	12,035,933	0	0	0	12.00
13.00 Land improvements	9,865,136	0	0	0	13.00
14.00 Accumulated depreciation	-7,448,009	0	0	0	14.00
15.00 Buildings	743,929,074	0	0	0	15.00
16.00 Accumulated depreciation	-354,930,138	0	0	0	16.00
17.00 Leasehold improvements	1,211,239	0	0	0	17.00
18.00 Accumulated depreciation	-1,156,224	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	275,140,100	0	0	0	23.00
24.00 Accumulated depreciation	-203,056,930	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	63,015,263	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	538,605,444	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	2,107,388,385	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	3,268,488	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	2,110,656,873	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	2,885,748,281	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	65,397,962	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,039,302	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	5,136,052	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	120,421,184	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	191,994,500	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	30,402,456	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	30,402,456	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	222,396,956	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	2,663,351,325	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)	2,663,351,325	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	2,885,748,281	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0067

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

Worksheet G-1

Date/Time Prepared:
2/27/2022 10:03 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		2,496,696,832		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		261,318,318				2.00
3.00	Total (sum of line 1 and line 2)		2,758,015,150		0		3.00
4.00	CHANGE IN TRNA	15,748,682		0		0	4.00
5.00	CHANGE IN PERMANENT	1,866,554		0		0	5.00
6.00	EQUITY TRANSFER - OSFMG	5,344,290		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)		22,959,526		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,780,974,676		0		11.00
12.00	EQUITY TRANSFER	116,798,352		0		0	12.00
13.00	OTHER	824,999		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)		117,623,351		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,663,351,325		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		0				4.00
5.00	CHANGE IN PERMANENT		0				5.00
6.00	EQUITY TRANSFER - OSFMG		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	OTHER		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: 14-0067

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2022 10:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	387,948,386		387,948,386	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	16,318,120		16,318,120	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)	404,266,506		404,266,506	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	128,122,316		128,122,316	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	35,307,962		35,307,962	11.01
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)	163,430,278		163,430,278	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	567,696,784		567,696,784	17.00
18.00	Ancillary services	2,013,225,026	2,035,704,526	4,048,929,552	18.00
19.00	Outpatient services	42,586,967	140,465,680	183,052,647	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	4,680,386	38,227,273	42,907,659	27.00
27.01	TRANSPLANTS	6,388,270	64,697	6,452,967	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,634,577,433	2,214,462,176	4,849,039,609	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,061,766,156		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)		1,061,766,156		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0067

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

Worksheet G-3

Date/Time Prepared:
2/27/2022 10:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,849,039,609	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,607,429,148	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,241,610,461	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,061,766,156	4.00
5.00	Net income from service to patients (line 3 minus line 4)	179,844,305	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	21,590,019	6.00
7.00	Income from investments	13,739,147	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	5,608	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	98,950	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	3,543,302	17.00
18.00	Revenue from sale of medical records and abstracts	115,932	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	6,286,325	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	70,409	21.00
22.00	Rental of hospital space	1,147,039	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	2,486,822	24.00
24.01	OTHER REVENUES	2,943,114	24.01
24.02	COMM HEALTH ED	88,752	24.02
24.03	RISK VALUE BASED RESERVES	9,233,757	24.03
24.04	BLUE CROSS QUALITY	2,499,999	24.04
24.50	COVID-19 PHE Funding	21,981,178	24.50
25.00	Total other income (sum of lines 6-24)	85,830,353	25.00
26.00	Total (line 5 plus line 25)	265,674,658	26.00
27.00	FEDERAL AND STATE TAX	302,366	27.00
27.01	PENSION COST	4,053,974	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	4,356,340	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	261,318,318	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0067	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/27/2022 10:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,060,744	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		510,324	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)		433.70	3.00
4.00	Number of interns & residents (see instructions)		179.07	4.00
5.00	Indirect medical education percentage (see instructions)		12.36	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)		996,308	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)		9,567,376	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