

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: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 10:58 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 10:58 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT FRANCIS HOSPITAL (14-0080) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) FLAVIO MARIN
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	566,969	-263,883	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	566,969	-263,883	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: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 10:58 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 355 RIDGE AVENUE			PO Box:				1.00	
2.00	City: EVANSTON			State: IL		Zip Code: 60202		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE SAINT FRANCIS HOSPITAL	140080	16974	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
17.20	Hospital-Based (OPT) I								
17.30	Hospital-Based (OOT) I								
17.40	Hospital-Based (OSP) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 10:58 am

MCRIF32 - 16.12.172.7

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 10:58 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N	N		60.00	
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	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
61.20	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
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					0.00	62.00
62.01	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	62.01
63.00	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)						
			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)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.96	37.74
					0.024806	64.00	

Worksheet S-2
Part I
Date/Time Prepared:
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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	7,366,055118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149013	140.00

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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: ALEXIAN BROTHERS HEALTH SYSTEM			Contractor's Name: WPS			Contractor's Number: 05901		
142.00	Street: 200 S WACKER DR			PO Box:					
143.00	City: CHICAGO			State: IL			Zip Code: 60606		
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A		Part B		Title V	
				1.00		2.00		3.00	
								Title XIX	
								4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N		N		N	
156.00	Subprovider - IPF			N		N		N	
157.00	Subprovider - IRF			N		N		N	
158.00	SUBPROVIDER								
159.00	SNF			N		N		N	
160.00	HOME HEALTH AGENCY			N		N		N	
161.00	CMHC					N		N	
161.10	CORF					N		N	
161.20	OUTPATIENT PHYSICAL THERAPY					N		N	
161.30	OUTPATIENT OCCUPATIONAL THERAPY					N		N	
161.40	OUTPATIENT SPEECH PATHOLOGY					N		N	
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N
				Name		County		State	
				0		1.00		2.00	
								3.00	
								4.00	
								5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99
								Beginning	Ending
								1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
								1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 10:58 am
			Y/N	Date
			1.00	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	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/16/2020
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	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Y/N		
		1.00		
Part A				
		Y/N	Date	Y/N
		1.00	2.00	3.00
Part B				
		Y/N	Date	Y/N
		1.00	2.00	3.00
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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 10:58 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		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		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		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.		Y	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.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)451-8283	PATRICK.GILLILAND@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 10:58 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 10:58 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	42,435	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		120	42,435	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	10	3,650	0.00	0	9.02
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)		146	51,925	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		146				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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 10:58 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,332	2,102	23,335			1.00
2.00	HMO and other (see instructions)	5,150	5,635				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,332	2,102	23,335			7.00
8.00	INTENSIVE CARE UNIT	1,480	325	2,768			8.00
9.00	CORONARY CARE UNIT						9.00
9.02	SURGICAL HEART UNIT	708	248	2,631			9.02
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	10,520	2,675	28,734	87.79	621.71	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			204			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				87.79	621.71	27.00
28.00	Observation Bed Days		879	2,796			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 10:58 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,085	485	5,656	1.00
2.00 HMO and other (see instructions)			879	1,106		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT						9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,085	485	5,656	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 10:58 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,201,030	0	46,201,030	1,226,960.58	37.65
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		6,547,452	0	6,547,452	204,831.00	31.97
4.01	Physicians - Part A - Teaching		489,188	0	489,188	4,318.00	113.29
5.00	Physician and Non Physician-Part B		217,280	0	217,280	3,173.00	68.48
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	6,058,264	6,058,264	200,513.17	30.21
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)		426,156	-138,458	287,698	6,788.23	42.38
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,527,307	0	4,527,307	97,722.00	46.33
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		56,773,609	0	56,773,609	850,222.00	66.78
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,546,700	0	7,546,700		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		64,497	0	64,497		
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		1,795,558	0	1,795,558		
22.01	Physician Part A - Teaching		63,232	0	63,232		
23.00	Physician Part B		36,188	0	36,188		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		751,715	0	751,715		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 10:58 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	257,421	0	257,421	268.14	960.02 26.00
27.00	Administrative & General	5.00	2,665,407	0	2,665,407	50,114.95	53.19 27.00
28.00	Administrative & General under contract (see inst.)		533,081	0	533,081	12,161.32	43.83 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	720,635	0	720,635	35,879.14	20.09 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00 31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00 32.00
33.00	Housekeeping under contract (see instructions)		2,146,665	0	2,146,665	87,369.00	24.57 33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00 34.00
35.00	Dietary under contract (see instructions)		682,050	0	682,050	24,747.00	27.56 35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	1,261,404	0	1,261,404	24,005.64	52.55 38.00
39.00	Central Services and Supply	14.00	346,741	0	346,741	15,961.00	21.72 39.00
40.00	Pharmacy	15.00	1,601,456	0	1,601,456	36,216.25	44.22 40.00
41.00	Medical Records & Medical Records Library	16.00	25,518	0	25,518	727.00	35.10 41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 10:58 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,856,358	-6,058,264	42,798,094	1,143,233.73	37.44	1.00
2.00	Excluded area salaries (see instructions)	426,156	-138,458	287,698	6,788.23	42.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,430,202	-5,919,806	42,510,396	1,136,445.50	37.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	61,300,916	0	61,300,916	947,944.00	64.67	4.00
5.00	Subtotal wage-related costs (see inst.)	9,342,258	0	9,342,258	0.00	21.98	5.00
6.00	Total (sum of lines 3 thru 5)	119,073,376	-5,919,806	113,153,570	2,084,389.50	54.29	6.00
7.00	Total overhead cost (see instructions)	10,240,378	0	10,240,378	287,449.44	35.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2021 10:58 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,003,411	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		1,180,417	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		66,714	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		27,200	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)		9,975	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		554,646	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,339,461	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		41,651	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		34,416	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,257,891	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,527,307	10,257,890	1.00
2.00	Hospital	4,527,307	7,546,700	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	2,711,190	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/30/2021 10:58 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.166587		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		39,441,216		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		228,538,387		6.00
7.00	Medicaid cost (line 1 times line 6)		38,071,524		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	37,687,917	1,862,236	39,550,153	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,278,317	1,862,236	8,140,553	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,278,317	1,862,236	8,140,553	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)		4,429,260		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,142,144		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,757,144		27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,672,116		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,060,140		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,200,693		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,200,693		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/30/2021 10:58 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	5,558,862	5,558,862	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	2,301,938	2,301,938	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	257,421	6,925,634	-173	7,182,882	4.00	
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01	
5.02	00550	DATA PROCESSING	0	0	0	0	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03	
5.04	00570	ADMITTING	0	10,842	10,842	-947	9,895	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	2,665,407	55,050,166	57,715,573	-2,576,877	55,138,696	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	720,635	4,849,786	5,570,421	-434,658	5,135,763	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	562,604	562,604	-257	562,347	8.00
9.00	00900	HOUSEKEEPING	0	2,708,335	2,708,335	-12,488	2,695,847	9.00
10.00	01000	DIETARY	0	3,558,116	3,558,116	-2,556,425	1,001,691	10.00
11.00	01100	CAFETERIA	0	0	0	2,525,833	2,525,833	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,261,404	356,314	1,617,718	-75,162	1,542,556	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	346,741	1,800,164	2,146,905	-945,649	1,201,256	14.00
15.00	01500	PHARMACY	1,601,456	5,462,706	7,064,162	-5,192,055	1,872,107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,518	62,888	88,406	0	88,406	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,456,707	6,456,707	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,950,211	3,109,057	10,059,268	-6,475,993	3,583,275	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	138,458	129,048	267,506	-267,506	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,005,909	5,414,914	15,420,823	-1,506,915	13,913,908	30.00
31.00	03100	INTENSIVE CARE UNIT	2,087,130	3,210,838	5,297,968	-981,880	4,316,088	31.00
32.02	03202	SURGICAL HEART UNIT	2,037,956	607,463	2,645,419	-81,460	2,563,959	32.02
43.00	04300	NURSERY	0	22,820	22,820	-22,820	0	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,230,878	7,993,907	11,224,785	-5,668,002	5,556,783	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	410,400	654,264	1,064,664	-465,578	599,086	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	1,577,495	215,275	1,792,770	-49,317	1,743,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	64,528	2,996,442	3,060,970	-246,244	2,814,726	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,251,078	1,057,454	3,308,532	-817,782	2,490,750	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	258,549	612,239	870,788	-57,976	812,812	55.00
56.00	05600	RADIOISOTOPE	156,293	157,242	313,535	-145,697	167,838	56.00
58.00	05800	MRI	256,108	325,438	581,546	-306,364	275,182	58.00
59.00	05900	CARDIAC CATHETERIZATION	401,427	1,461,471	1,862,898	-1,244,848	618,050	59.00
60.00	06000	LABORATORY	1,866	8,035,683	8,037,549	-145,271	7,892,278	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	44,131	718,492	762,623	-396	762,227	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,892,618	10,248,322	12,140,940	-9,928,250	2,212,690	64.00
65.00	06500	RESPIRATORY THERAPY	1,073,405	983,114	2,056,519	-258,378	1,798,141	65.00
66.00	06600	PHYSICAL THERAPY	1,708,353	207,637	1,915,990	-40,754	1,875,236	66.00
69.00	06900	ELECTROCARDIOLOGY	484,635	110,671	595,306	-24,610	570,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,081	6,114	36,195	-3,305	32,890	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,660,166	8,660,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,708,463	3,708,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,217,171	15,217,171	73.00
73.02	07302	INPT RENAL DIALYSIS	0	784,226	784,226	-2,619	781,607	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	474,981	381,391	856,372	-208,090	648,282	90.01
91.00	09100	EMERGENCY	3,498,260	4,738,095	8,236,355	-660,243	7,576,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet A Date/Time Prepared: 11/30/2021 10:58 am	
Cost Center Description					Salaries	Other	Total (col. 1 + col. 2)	Reclassification s (See A-6)	Reclassified Trial Balance (col. 3 + -col. 4)	
					1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE				2,991,362	2,991,362	-2,991,362	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)			45,913,332	138,520,534	184,433,866	32,789	184,466,655	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	0	0	190.00
190.01	19001	POB RX			0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE			0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER			0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	6,740	6,740	0	6,740	192.00
192.02	19202	OUTREACH TRANSPORTATION			0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER			0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER			0	0	0	0	0	192.04
192.05	19205	OTHER NRCC			287,698	3,352,471	3,640,169	-32,789	3,607,380	192.05
192.06	19206	ASBURY STREET SNF			0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)			46,201,030	141,879,745	188,080,775	0	188,080,775	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,388,901	2,169,961	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,822,778	8,124,716	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	314,375	7,497,257	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-160,918	-160,918	5.03
5.04	00570	ADMITTING	63,363	73,258	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	794,334	794,334	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-18,523,938	36,614,758	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,350,218	9,485,981	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,856	575,203	8.00
9.00	00900	HOUSEKEEPING	-912	2,694,935	9.00
10.00	01000	DIETARY	0	1,001,691	10.00
11.00	01100	CAFETERIA	-430,566	2,095,267	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	138,578	1,681,134	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,201,256	14.00
15.00	01500	PHARMACY	-40,452	1,831,655	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,136	142,542	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,456,707	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,583,275	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-211,907	-211,907	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-79,667	13,834,241	30.00
31.00	03100	INTENSIVE CARE UNIT	691,010	5,007,098	31.00
32.02	03202	SURGICAL HEART UNIT	-166,081	2,397,878	32.02
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,556,783	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	599,086	50.02
50.03	05002	WOUND CARE CENTER	0	0	50.03
51.00	05100	RECOVERY ROOM	0	1,743,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-2,731,635	83,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,120	2,484,630	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-207,833	604,979	55.00
56.00	05600	RADIOISOTOPE	0	167,838	56.00
58.00	05800	MRI	0	275,182	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	618,050	59.00
60.00	06000	LABORATORY	-205,730	7,686,548	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-124	762,103	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-5,425	2,207,265	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,798,141	65.00
66.00	06600	PHYSICAL THERAPY	0	1,875,236	66.00
69.00	06900	ELECTROCARDIOLOGY	0	570,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,890	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,660,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,708,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,217,171	73.00
73.02	07302	INPT RENAL DIALYSIS	0	781,607	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-2,157	646,125	90.01
91.00	09100	EMERGENCY	-837,899	6,738,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,758,617	169,708,038	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,740	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	0	3,607,380	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,758,617	173,322,158	200.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 10:58 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,991,362		1.00
	TOTALS		0	2,991,362		
	B - EMT PROGRAM					
1.00	EMERGENCY	91.00	138,458	67,968		1.00
	TOTALS		138,458	67,968		
	C - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,301,938		1.00
	TOTALS		0	2,301,938		
	D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,708,463		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	TOTALS		0	3,708,463		
	E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,217,171		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	15,217,171		
	F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,660,166		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 10:58 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
TOTALS						
G - LABOR & DELIVERY						
1.00		0.00	0	0		1.00
TOTALS						
H - CAFETERIA						
1.00	CAFETERIA	11.00	0	2,525,833		1.00
TOTALS						
I - ALLOCATED DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,869,438		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
TOTALS						
J - RESIDENTS COST						
1.00	I&R SERVICES-SALARY & FRINGES	21.00	6,058,264	398,443		1.00
APPRV						
TOTALS						
L - SALARY CREDIT RECLASS						
1.00		0.00	0	0		1.00
TOTALS						
M - NURSERY TO ADULT AND PEDS						
1.00	ADULTS & PEDIATRICS	30.00	0	2,250		1.00
TOTALS						
500.00	Grand Total: Increases		6,196,722	40,743,032		500.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 10:58 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,991,362	11		1.00
	TOTALS		0	2,991,362			
	B - EMT PROGRAM						
1.00	PARAMEDICAL EDUCATION PROGRAM	23.00	138,458	67,968	0		1.00
	TOTALS		138,458	67,968			
	C - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,301,938	9		1.00
	TOTALS		0	2,301,938			
	D - CHARGEABLE IMPLANTS						
1.00	NURSING ADMINISTRATION	13.00	0	4,017	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,804	0		2.00
3.00	PHARMACY	15.00	0	132	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,116	0		4.00
5.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	33,239	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	660	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	144	0		7.00
8.00	OPERATING ROOM	50.00	0	2,875,871	0		8.00
9.00	GASTRO INTESTINAL SERVICES	50.02	0	15,250	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	230	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,456	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	693,876	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	278	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	660	0		14.00
15.00	EMERGENCY	91.00	0	4,730	0		15.00
	TOTALS		0	3,708,463			
	E - CHARGEABLE DRUGS						
1.00	ADMITTING	5.04	0	3	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	79,097	0		2.00
3.00	OPERATION OF PLANT	7.00	0	32	0		3.00
4.00	DIETARY	10.00	0	10,855	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	97	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,200	0		6.00
7.00	PHARMACY	15.00	0	5,088,188	0		7.00
8.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	20,459	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	54,320	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	30,591	0		10.00
11.00	SURGICAL HEART UNIT	32.02	0	83	0		11.00
12.00	OPERATING ROOM	50.00	0	36,744	0		12.00
13.00	GASTRO INTESTINAL SERVICES	50.02	0	3,641	0		13.00
14.00	RECOVERY ROOM	51.00	0	910	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	6,267	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,863	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	4	0		17.00
18.00	RADIOISOTOPE	56.00	0	64,265	0		18.00
19.00	MRI	58.00	0	269	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	9,591	0		20.00
21.00	LABORATORY	60.00	0	26	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	9,696,198	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	455	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	1,794	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,351	0		25.00
26.00	INPT RENAL DIALYSIS	73.02	0	2,619	0		26.00
27.00	OPD	90.01	0	348	0		27.00
28.00	EMERGENCY	91.00	0	31,901	0		28.00
	TOTALS		0	15,217,171			
	F - CHARGEABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	173	0		1.00
2.00	ADMITTING	5.04	0	144	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	495,946	0		3.00
4.00	OPERATION OF PLANT	7.00	0	20,274	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	257	0		5.00
6.00	HOUSEKEEPING	9.00	0	9,261	0		6.00
7.00	DIETARY	10.00	0	2,729	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	11,170	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	917,261	0		9.00
10.00	PHARMACY	15.00	0	55,721	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	324	0		11.00
12.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	3,467	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,306,832	0		13.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet 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		
14.00	INTENSIVE CARE UNIT	31.00	0	728,594	0		14.00
15.00	SURGICAL HEART UNIT	32.02	0	14,382	0		15.00
16.00	NURSERY	43.00	0	4	0		16.00
17.00	OPERATING ROOM	50.00	0	2,307,345	0		17.00
18.00	GASTRO INTESTINAL SERVICES	50.02	0	246,043	0		18.00
19.00	RECOVERY ROOM	51.00	0	24,346	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	222,912	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	381,477	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	702	0		22.00
23.00	RADIOISOTOPE	56.00	0	81,432	0		23.00
24.00	MRI	58.00	0	30,272	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	515,445	0		25.00
26.00	LABORATORY	60.00	0	61,577	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	143,324	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	231,721	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	35,500	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	15,992	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	214	0		31.00
32.00	OPD	90.01	0	69,836	0		32.00
33.00	EMERGENCY	91.00	0	725,489	0		33.00
	TOTALS		0	8,660,166			
G - LABOR & DELIVERY							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
H - CAFETERIA							
1.00	DIETARY	10.00	0	2,525,833	0		1.00
	TOTALS		0	2,525,833			
I - ALLOCATED DEPRECIATION							
1.00	ADMITTING	5.04	0	800	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,001,834	9		2.00
3.00	OPERATION OF PLANT	7.00	0	414,352	9		3.00
4.00	HOUSEKEEPING	9.00	0	3,227	9		4.00
5.00	DIETARY	10.00	0	17,008	9		5.00
6.00	NURSING ADMINISTRATION	13.00	0	59,878	9		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,384	9		7.00
8.00	PHARMACY	15.00	0	48,014	9		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	16,846	9		9.00
	APPRV						
10.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	3,915	9		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	147,353	9		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	222,551	9		12.00
13.00	SURGICAL HEART UNIT	32.02	0	66,995	9		13.00
14.00	NURSERY	43.00	0	20,566	9		14.00
15.00	OPERATING ROOM	50.00	0	448,042	9		15.00
16.00	GASTRO INTESTINAL SERVICES	50.02	0	200,644	9		16.00
17.00	RECOVERY ROOM	51.00	0	24,061	9		17.00
18.00	ANESTHESIOLOGY	53.00	0	16,835	9		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	295,986	9		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	57,270	9		20.00
21.00	MRI	58.00	0	275,823	9		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	25,936	9		22.00
23.00	LABORATORY	60.00	0	83,668	9		23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	396	9		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	88,728	9		25.00
26.00	RESPIRATORY THERAPY	65.00	0	25,924	9		26.00
27.00	PHYSICAL THERAPY	66.00	0	2,800	9		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	7,267	9		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,091	9		29.00
30.00	OPD	90.01	0	137,906	9		30.00
31.00	EMERGENCY	91.00	0	104,549	9		31.00
32.00	OTHER NRCC	192.05	0	32,789	9		32.00
33.00		0.00	0	0	9		33.00
34.00		0.00	0	0	9		34.00
35.00		0.00	0	0	9		35.00
36.00		0.00	0	0	9		36.00
	TOTALS		0	4,869,438			
J - RESIDENTS COST							
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	6,058,264	398,443	0		1.00
	APPRV						
	TOTALS		6,058,264	398,443			

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 10:58 am

	Decreases						11/05/2024 10:55 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	L - SALARY CREDIT RECLASS						
		0.00	0	0	0		1.00
	TOTALS		0	0			
1.00	M - NURSERY TO ADULT AND PEDS						
	NURSERY	43.00	0	2,250	0		1.00
	TOTALS		0	2,250			
500.00	Grand Total: Decreases		6,196,722	40,743,032			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 10:58 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,000,000	0	0	0	0	1.00	
2.00	Land Improvements	352,750	0	0	0	0	2.00	
3.00	Buildings and Fixtures	42,432,005	0	0	0	162,512	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	6,527,919	20,713	0	20,713	0	5.00	
6.00	Movable Equipment	16,688,133	876,199	0	876,199	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	81,000,807	896,912	0	896,912	162,512	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	81,000,807	896,912	0	896,912	162,512	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,000,000	0				1.00	
2.00	Land Improvements	352,750	0				2.00	
3.00	Buildings and Fixtures	42,269,493	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	6,548,632	0				5.00	
6.00	Movable Equipment	17,564,332	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	81,735,207	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	81,735,207	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 10:58 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	64,312,674	0	64,312,674	0.793976	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,688,133	0	16,688,133	0.206024	0	2.00
3.00	Total (sum of lines 1-2)	81,000,807	0	81,000,807	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,169,961	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,124,716	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,294,677	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	0	0	0	2,169,961	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,124,716	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,294,677	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,104,159			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	-9,447,907			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-430,566	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-44	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	0	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-432,654	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	439,839	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	REFERENCE LAB REVENUE	B	0	LABORATORY	60.00	0	33.00
36.00	TAXES & ASSESSMENTS	A	0	OPERATION OF PLANT	7.00	0	36.00
37.00	TAXES & ASSESSMENTS	A	0	OTHER NRCC	192.05	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
38.00	TAXES & ASSESSMENTS	A		00 OPERATING ROOM	50.00	0	38.00
39.00	TAXES & ASSESSMENTS	A		00 EMERGENCY	91.00	0	39.00
41.02	EQUIP TRADE-IN CREDIT MEMO	A		00 CAP REL COSTS-BLDG & FIXT	1.00	9	41.02
41.03	SAVE THE DAY/COMMUNITY OUTREACH	A		00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.03
41.04	MISC REVENUE	B	-461,160	00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.04
41.06	MISC REVENUE	B	-16,835	00 OPERATION OF PLANT	7.00	0	41.06
41.08	MISC REVENUE	B	-912	00 HOUSEKEEPING	9.00	0	41.08
41.11	MISC REVENUE	B	-86	00 NURSING ADMINISTRATION	13.00	0	41.11
41.12	MISC REVENUE	B	-85,449	00 PHARMACY	15.00	0	41.12
41.13	MISC REVENUE	B	-211,907	00 PARAMEDICAL EDUCATION PROGRAM	23.00	0	41.13
41.15	MISC REVENUE	B		00 EMERGENCY	91.00	0	41.15
41.16	MISC REVENUE	B		00 ADULTS & PEDIATRICS	30.00	0	41.16
41.17	MISC REVENUE	B		00 NURSERY	43.00	0	41.17
41.18	MISC REVENUE	B		00 RECOVERY ROOM	51.00	0	41.18
41.19	MISC REVENUE	B	-6,120	00 RADIOLOGY-DIAGNOSTIC	54.00	0	41.19
41.20	MISC REVENUE	B		00 RADIOISOTOPE	56.00	0	41.20
41.21	MISC REVENUE	B		00 CARDIAC CATHETERIZATION	59.00	0	41.21
41.22	MISC REVENUE	B		00 INTRAVENOUS THERAPY	64.00	0	41.22
41.23	MISC REVENUE	B		00 ELECTROCARDIOLOGY	69.00	0	41.23
41.24	MISC REVENUE	B		00 CARDIAC REHABILITATION	76.97	0	41.24
41.25	MISC REVENUE	B	-657	00 OPD	90.01	0	41.25
42.00	MISC REVENUE	B		00 EMERGENCY	91.00	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,758,617				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: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 10:58 am

	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	HOME OFFICE COSTS	35,115	0 1.00
2.00		1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-2,991,362	0 2.00
3.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	5,382,939	0 3.00
3.01		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	314,375	0 3.01
3.02		5.03	PURCHASING RECEIVING AND STO	HOME OFFICE COSTS	-160,918	0 3.02
3.03		5.04	ADMITTING	HOME OFFICE COSTS	63,363	0 3.03
3.04		5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COSTS	794,334	0 3.04
3.05		5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	19,448,425	37,511,203 3.05
3.06		7.00	OPERATION OF PLANT	HOME OFFICE COSTS	4,367,053	0 3.06
3.07		8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COSTS	12,856	0 3.07
3.08		13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	138,664	0 3.08
3.09		15.00	PHARMACY	HOME OFFICE COSTS	44,997	0 3.09
3.10		16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COSTS	54,180	0 3.10
4.00		31.00	INTENSIVE CARE UNIT	HOME OFFICE COSTS	691,010	0 4.00
4.01		60.00	LABORATORY	ALVERNO LABS	7,651,903	7,830,633 4.01
4.02		55.00	RADIOLOGY-THERAPEUTIC	HOME OFFICE COSTS	46,995	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				35,893,929	45,341,836 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		100.00	PRESENCE CARE	100.00	6.00
7.00	C		66.67	ALVERNO LAB	100.00	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: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 10:58 am

	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	35,115	9		1.00
2.00	-2,991,362	11		2.00
3.00	5,382,939	9		3.00
3.01	314,375	0		3.01
3.02	-160,918	0		3.02
3.03	63,363	0		3.03
3.04	794,334	0		3.04
3.05	-18,062,778	0		3.05
3.06	4,367,053	0		3.06
3.07	12,856	0		3.07
3.08	138,664	0		3.08
3.09	44,997	0		3.09
3.10	54,180	0		3.10
4.00	691,010	9		4.00
4.01	-178,730	0		4.01
4.02	46,995	0		4.02
5.00	-9,447,907			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	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		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: 14-0080

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 10:58 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	111,186	0	111,186	211,500	3,680	1.00
2.00	30.00	ADULTS & PEDIATRICS	79,667	79,667	0	0	0	2.00
3.00	32.02	SURGICAL HEART UNIT	346,616	102,156	244,460	246,400	1,524	3.00
4.00	43.00	NURSERY	2,250	0	2,250	211,500	1,317	4.00
5.00	53.00	ANESTHESIOLOGY	2,731,635	2,731,635	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	427,097	254,828	172,269	271,900	1,818	6.00
7.00	60.00	LABORATORY	33,000	27,000	6,000	260,300	55	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	750	0	750	260,300	5	8.00
9.00	64.00	INTRAVENOUS THERAPY	5,425	5,425	0	0	0	9.00
10.00	90.01	OPD	6,000	1,500	4,500	211,500	54	10.00
11.00	91.00	EMERGENCY	3,257,222	837,899	2,419,323	211,500	59,791	11.00
200.00			7,000,848	4,040,110	2,960,738		68,244	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	374,192	18,710	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	32.02	SURGICAL HEART UNIT	180,535	9,027	0	0	0	3.00
4.00	43.00	NURSERY	133,916	6,696	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	237,651	11,883	0	0	0	6.00
7.00	60.00	LABORATORY	6,883	344	0	0	0	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	626	31	0	0	0	8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	9.00
10.00	90.01	OPD	5,491	275	0	0	0	10.00
11.00	91.00	EMERGENCY	6,079,710	303,986	0	0	0	11.00
200.00			7,019,004	350,952	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	374,192	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	79,667		2.00
3.00	32.02	SURGICAL HEART UNIT	0	180,535	63,925	166,081		3.00
4.00	43.00	NURSERY	0	133,916	0	0		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,731,635		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	237,651	0	254,828		6.00
7.00	60.00	LABORATORY	0	6,883	0	27,000		7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	626	124	124		8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	5,425		9.00
10.00	90.01	OPD	0	5,491	0	1,500		10.00
11.00	91.00	EMERGENCY	0	6,079,710	0	837,899		11.00
200.00			0	7,019,004	64,049	4,104,159		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,169,961	2,169,961			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,124,716		8,124,716		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,497,257	9,414	0	7,506,671	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-160,918	0	0	0	5.03
5.04	00570	ADMITTING	73,258	6,818	2,824	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	794,334	35,154	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	36,614,758	211,242	16,546	435,498	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,485,981	32,263	265,825	117,744	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	575,203	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,694,935	104,515	7,094	0	9.00
10.00	01000	DIETARY	1,001,691	17,702	0	0	10.00
11.00	01100	CAFETERIA	2,095,267	79,739	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,681,134	15,218	113,375	206,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,201,256	93,041	50,768	56,654	14.00
15.00	01500	PHARMACY	1,831,655	16,510	0	261,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	142,542	26,264	0	4,169	16.00
17.00	01700	SOCIAL SERVICE	0	10,829	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,456,707	0	0	989,854	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,583,275	100,176	59,458	145,734	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-211,907	0	13,818	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,834,241	547,653	570,841	1,634,844	30.00
31.00	03100	INTENSIVE CARE UNIT	5,007,098	47,782	785,496	341,014	31.00
32.02	03202	SURGICAL HEART UNIT	2,397,878	46,462	236,459	332,980	32.02
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,556,783	107,974	1,526,552	527,890	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	599,086	13,926	708,175	67,055	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	1,743,453	69,723	83,512	257,745	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	83,091	4,417	59,419	10,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,484,630	106,103	1,044,685	367,801	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	604,979	39,777	202,135	42,244	55.00
56.00	05600	RADIOISOTOPE	167,838	17,240	0	25,537	56.00
58.00	05800	MRI	275,182	27,824	973,519	41,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	618,050	42,830	91,541	65,589	59.00
60.00	06000	LABORATORY	7,686,548	91,587	295,307	305	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	762,103	4,077	1,398	7,211	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,207,265	18,855	63,122	309,233	64.00
65.00	06500	RESPIRATORY THERAPY	1,798,141	18,828	91,499	175,383	65.00
66.00	06600	PHYSICAL THERAPY	1,875,236	25,128	9,883	279,126	66.00
69.00	06900	ELECTROCARDIOLOGY	570,696	34,619	25,649	79,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,890	4,111	7,380	4,915	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,660,166	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,708,463	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,217,171	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	781,607	2,479	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	646,125	5,654	483,341	77,607	90.01
91.00	09100	EMERGENCY	6,738,213	60,471	331,407	594,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,708,038	2,096,405	8,121,028	7,459,664	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,589	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,740	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	3,607,380	62,967	3,688	47,007	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	173,322,158	2,169,961	8,124,716	7,506,671	0	202.00

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-160,918				5.03
5.04	00570	ADMITTING	0	0	82,900			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	829,488		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	37,278,044	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	9,901,813	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	575,203	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,806,544	9.00
10.00	01000	DIETARY	0	0	0	0	1,019,393	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,175,006	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,015,827	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,401,719	14.00
15.00	01500	PHARMACY	0	0	0	0	2,109,825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	172,975	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	10,829	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,446,561	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3,888,643	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	-198,089	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	10,909	108,734	16,707,222	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,691	16,857	6,199,938	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	1,554	15,488	3,030,821	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	6,549	65,277	7,791,025	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	1,197	11,926	1,401,365	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	1,721	17,154	2,173,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,511	15,056	174,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,044	70,205	4,080,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	675	6,725	896,535	55.00
56.00	05600	RADIOISOTOPE	0	0	611	6,093	217,319	56.00
58.00	05800	MRI	0	0	883	8,805	1,328,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,930	19,240	839,180	59.00
60.00	06000	LABORATORY	0	0	9,123	90,932	8,173,802	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	452	4,507	779,748	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	1,189	11,853	2,611,517	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,908	28,980	2,115,739	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,256	12,517	2,203,146	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,533	25,244	737,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	60	594	49,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,257	32,464	8,695,887	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,231	22,233	3,732,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,049	153,216	15,385,436	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	461	4,598	789,145	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	959	9,559	1,223,245	90.01
91.00	09100	EMERGENCY	0	0	7,147	71,231	7,802,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	82,900	829,488	169,744,705	118.00

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,589	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,740	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	3,721,042	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	-160,918	0	0	-160,918	201.00
202.00		TOTAL (sum lines 118 through 201)	0	-160,918	82,900	829,488	173,322,158	202.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	37,278,044					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,706,096	0	12,607,909			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,199	0	0	732,402		8.00
9.00	00900	HOUSEKEEPING	767,009	0	702,757	26	4,276,336	9.00
10.00	01000	DIETARY	278,593	0	119,030	0	50,109	10.00
11.00	01100	CAFETERIA	594,414	0	536,160	0	224,670	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	550,911	0	102,325	0	14,170	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	383,080	0	625,601	2,670	11,295	14.00
15.00	01500	PHARMACY	576,600	0	111,015	0	17,661	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,273	0	176,598	0	28,135	16.00
17.00	01700	SOCIAL SERVICE	2,959	0	72,811	0	6,982	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,035,093	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,062,739	0	673,580	21,883	101,245	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,565,992	0	3,682,410	265,502	1,879,100	30.00
31.00	03100	INTENSIVE CARE UNIT	1,694,400	0	321,284	61,587	170,043	31.00
32.02	03202	SURGICAL HEART UNIT	828,302	0	312,407	112	268,208	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,129,233	0	726,017	101,613	349,944	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	382,983	0	93,636	27,638	7,188	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	593,950	0	468,817	0	80,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	47,563	0	29,701	0	9,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,115,163	0	713,432	49,874	196,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	245,017	0	267,462	0	77,423	55.00
56.00	05600	RADIOISOTOPE	59,392	0	115,921	22,475	28,135	56.00
58.00	05800	MRI	362,949	0	187,085	6,853	23,412	58.00
59.00	05900	CARDIAC CATHETERIZATION	229,342	0	287,987	0	136,158	59.00
60.00	06000	LABORATORY	2,233,843	0	615,826	0	49,904	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	213,100	0	27,417	0	1,643	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	713,709	0	126,783	0	77,423	64.00
65.00	06500	RESPIRATORY THERAPY	578,217	0	126,596	0	30,189	65.00
66.00	06600	PHYSICAL THERAPY	602,104	0	168,957	6,787	14,376	66.00
69.00	06900	ELECTROCARDIOLOGY	201,670	0	232,779	9,731	28,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,651	0	27,641	0	7,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,376,525	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,020,183	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,204,732	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	215,668	0	16,667	0	9,858	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	334,304	0	38,016	25,934	13,965	90.01
91.00	09100	EMERGENCY	2,132,415	0	406,605	128,101	273,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,256,373	0	12,113,323	730,786	4,187,002	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,894	0	71,201	0	6,982	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,842	0	0	1,616	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	1,016,935	0	423,385	0	82,352	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,278,044	0	12,607,909	732,402	4,276,336	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,467,125					10.00
11.00	01100	CAFETERIA	0	3,530,250				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	74,301	0	2,757,534		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49,384	0	0	2,473,749	14.00
15.00	01500	PHARMACY	0	112,095	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,253	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	628,852	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	31,034	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	12,426	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,315,590	938,547	0	1,144,256	0	30.00
31.00	03100	INTENSIVE CARE UNIT	145,630	141,326	0	274,539	0	31.00
32.02	03202	SURGICAL HEART UNIT	5,905	141,583	0	271,640	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	224,705	0	239,203	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	28,716	0	36,302	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	113,447	0	177,367	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,237	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	182,146	0	13,803	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,414	0	7,177	0	55.00
56.00	05600	RADIOISOTOPE	0	9,593	0	138	0	56.00
58.00	05800	MRI	0	19,895	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	29,102	0	25,949	0	59.00
60.00	06000	LABORATORY	0	129	0	276	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,996	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	156,135	0	144,930	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	90,268	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	125,680	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	33,416	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,090	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,609,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	864,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	41,013	0	7,730	0	90.01
91.00	09100	EMERGENCY	0	289,477	0	414,224	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,467,125	3,509,260	0	2,757,534	2,473,749	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	20,990	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,467,125	3,530,250	0	2,757,534	2,473,749	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,927,196					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	427,234				16.00
17.00	01700	SOCIAL SERVICE	0	0	93,581			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0			23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	55,985	69,549	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,679	7,936	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	7,975	8,310	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,610	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	6,141	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	8,833	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,752	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,147	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,463	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,137	0	0	0	56.00
58.00	05800	MRI	0	4,534	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,907	0	0	0	59.00
60.00	06000	LABORATORY	0	46,820	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,321	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	6,103	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,922	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,445	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	12,998	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	306	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,715	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,447	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,927,196	79,029	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	2,367	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	4,922	0	0	0	90.01
91.00	09100	EMERGENCY	0	36,676	7,786	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,927,196	427,234	93,581	0	0	118.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,927,196	427,234	93,581	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,110,506					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		5,779,124				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			-185,663			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,064,612	2,323,315	0	0	37,012,080	30.00
31.00	03100	INTENSIVE CARE UNIT	855,863	489,208	0	0	10,370,433	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	4,875,263	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	798,648	456,504	0	0	12,850,502	50.00
50.01	05001	AMBULATORY PRE/POST OP		0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	135,074	77,208	0	0	2,196,251	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	3,616,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	189,340	108,226	0	0	576,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,052,870	601,816	0	0	8,042,049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,926	9,103	0	0	1,540,520	55.00
56.00	05600	RADIOISOTOPE	74,320	42,481	0	0	572,911	56.00
58.00	05800	MRI	53,086	30,344	0	0	2,016,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	349,777	199,931	0	0	2,107,333	59.00
60.00	06000	LABORATORY	172,234	98,448	0	0	11,391,282	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,026,225	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,836,600	64.00
65.00	06500	RESPIRATORY THERAPY	123,277	70,465	0	0	3,149,673	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,127,495	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,257,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	101,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,698,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,629,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,596,393	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	1,033,705	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	82,578	47,201	0	0	1,818,908	90.01
91.00	09100	EMERGENCY	1,309,452	748,478	0	0	13,549,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00					
			21.00	22.00	23.00	23.01	24.00		
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,277,057	5,302,728	0	0	166,992,326	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	91,666	190.00	
190.01	19001	POB RX	0	0	0	0	0	190.01	
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02	
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	471,285	269,385	0	0	750,868	192.00	
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02	
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03	
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04	
192.05	19205	OTHER NRCC	362,164	207,011	0	0	5,833,879	192.05	
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	-185,663	0	-346,581	201.00	
202.00		TOTAL (sum lines 118 through 201)	10,110,506	5,779,124	-185,663	0	173,322,158	202.00	

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
23.01	02301	RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,387,927	30,624,153	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,345,071	9,025,362	31.00
32.02	03202	SURGICAL HEART UNIT	0	4,875,263	32.02
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,255,152	11,595,350	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	-212,282	1,983,969	50.02
50.03	05002	WOUND CARE CENTER	0	0	50.03
51.00	05100	RECOVERY ROOM	0	3,616,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-297,566	278,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,654,686	6,387,363	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-25,029	1,515,491	55.00
56.00	05600	RADIOISOTOPE	-116,801	456,110	56.00
58.00	05800	MRI	-83,430	1,932,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	-549,708	1,557,625	59.00
60.00	06000	LABORATORY	-270,682	11,120,600	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,026,225	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,836,600	64.00
65.00	06500	RESPIRATORY THERAPY	-193,742	2,955,931	65.00
66.00	06600	PHYSICAL THERAPY	0	3,127,495	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,257,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	101,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,698,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,629,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,596,393	73.00
73.02	07302	INPT RENAL DIALYSIS	0	1,033,705	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-129,779	1,689,129	90.01
91.00	09100	EMERGENCY	-2,057,930	11,491,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,579,785 152,412,541	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 91,666	190.00
190.01	19001	POB RX	0 0	190.01
190.02	19002	MOBILE MEDICAL CARE	0 0	190.02
190.03	19003	ARTHRITIS CENTER	0 0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-740,670 10,198	192.00
192.02	19202	OUTREACH TRANSPORTATION	0 0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0 0	192.03
192.04	19204	WOMENS HEALTH CENTER	0 0	192.04
192.05	19205	OTHER NRCC	-569,175 5,264,704	192.05
192.06	19206	ASBURY STREET SNF	0 0	192.06
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 -346,581	201.00
202.00		TOTAL (sum lines 118 through 201)	-15,889,630 157,432,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,414	0	9,414	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	6,818	2,824	9,642	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	35,154	0	35,154	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,525	211,242	16,546	231,313	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	32,263	265,825	298,088	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	104,515	7,094	111,609	9.00
10.00	01000	DIETARY	0	17,702	0	17,702	10.00
11.00	01100	CAFETERIA	0	79,739	0	79,739	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	15,218	113,375	128,593	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93,041	50,768	143,809	14.00
15.00	01500	PHARMACY	0	16,510	0	16,510	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,264	0	26,264	16.00
17.00	01700	SOCIAL SERVICE	0	10,829	0	10,829	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	100,176	59,458	159,634	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	13,818	13,818	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	547,653	570,841	1,118,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	47,782	785,496	833,278	31.00
32.02	03202	SURGICAL HEART UNIT	0	46,462	236,459	282,921	32.02
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	107,974	1,526,552	1,634,526	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	13,926	708,175	722,101	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	69,723	83,512	153,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,417	59,419	63,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	106,103	1,044,685	1,150,788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,777	202,135	241,912	55.00
56.00	05600	RADIOISOTOPE	0	17,240	0	17,240	56.00
58.00	05800	MRI	0	27,824	973,519	1,001,343	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,830	91,541	134,371	59.00
60.00	06000	LABORATORY	0	91,587	295,307	386,894	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,077	1,398	5,475	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	18,855	63,122	81,977	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,828	91,499	110,327	65.00
66.00	06600	PHYSICAL THERAPY	0	25,128	9,883	35,011	66.00
69.00	06900	ELECTROCARDIOLOGY	0	34,619	25,649	60,268	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,111	7,380	11,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	2,479	0	2,479	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	0	5,654	483,341	488,995	90.01
91.00	09100	EMERGENCY	0	60,471	331,407	391,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,525	2,096,405	8,121,028	10,220,958	9,355 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,589	0	10,589	0 190.00
190.01	19001	POB RX	0	0	0	0	0 190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0 190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0 190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0 192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0 192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0 192.04
192.05	19205	OTHER NRCC	0	62,967	3,688	66,655	59 192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0 192.06
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	3,525	2,169,961	8,124,716	10,298,202	9,414 202.00

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	9,642		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	35,154	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,319	4,556	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	204	706	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	188	649	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	792	2,735	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	145	500	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	208	719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	183	631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	851	2,941	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	82	282	55.00
56.00	05600	RADIOISOTOPE	0	0	0	74	255	56.00
58.00	05800	MRI	0	0	0	107	369	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	233	806	59.00
60.00	06000	LABORATORY	0	0	0	1,103	3,810	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	55	189	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	144	497	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	351	1,214	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	152	524	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	306	1,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7	25	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	394	1,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	270	931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,438	6,820	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	56	193	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	116	400	90.01
91.00	09100	EMERGENCY	0	0	0	864	2,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	9,642	35,154	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	9,642	35,154	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	231,859					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	16,833	0	315,069			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	978	0	0	978		8.00
9.00	00900	HOUSEKEEPING	4,771	0	17,562	0	133,942	9.00
10.00	01000	DIETARY	1,733	0	2,975	0	1,570	10.00
11.00	01100	CAFETERIA	3,698	0	13,399	0	7,037	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,427	0	2,557	0	444	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,383	0	15,634	4	354	14.00
15.00	01500	PHARMACY	3,587	0	2,774	0	553	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	294	0	4,413	0	881	16.00
17.00	01700	SOCIAL SERVICE	18	0	1,820	0	219	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	12,659	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,611	0	16,833	29	3,171	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,374	0	92,020	354	58,857	30.00
31.00	03100	INTENSIVE CARE UNIT	10,540	0	8,029	82	5,326	31.00
32.02	03202	SURGICAL HEART UNIT	5,152	0	7,807	0	8,401	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,245	0	18,143	136	10,961	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,382	0	2,340	37	225	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	3,695	0	11,716	0	2,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	296	0	742	0	289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,937	0	17,829	67	6,149	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,524	0	6,684	0	2,425	55.00
56.00	05600	RADIOISOTOPE	369	0	2,897	30	881	56.00
58.00	05800	MRI	2,258	0	4,675	9	733	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,427	0	7,197	0	4,265	59.00
60.00	06000	LABORATORY	13,895	0	15,389	0	1,563	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,326	0	685	0	51	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	4,440	0	3,168	0	2,425	64.00
65.00	06500	RESPIRATORY THERAPY	3,597	0	3,164	0	946	65.00
66.00	06600	PHYSICAL THERAPY	3,745	0	4,222	9	450	66.00
69.00	06900	ELECTROCARDIOLOGY	1,254	0	5,817	13	901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85	0	691	0	225	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,783	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,346	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,155	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	1,342	0	417	0	309	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	2,080	0	950	35	437	90.01
91.00	09100	EMERGENCY	13,265	0	10,161	171	8,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	225,504	0	302,710	976	131,144	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	1,779	0	219	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11	0	0	2	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	6,326	0	10,580	0	2,579	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	231,859	0	315,069	978	133,942	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	23,980					10.00
11.00	01100	CAFETERIA	0	103,873				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,186	0	137,466		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,453	0	0	163,708	14.00
15.00	01500	PHARMACY	0	3,298	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	18,503	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	913	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	366	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,503	27,617	0	57,041	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,380	4,158	0	13,686	0	31.00
32.02	03202	SURGICAL HEART UNIT	97	4,166	0	13,542	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,612	0	11,925	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	845	0	1,810	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	3,338	0	8,842	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	301	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,359	0	688	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	542	0	358	0	55.00
56.00	05600	RADIOISOTOPE	0	282	0	7	0	56.00
58.00	05800	MRI	0	585	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	856	0	1,294	0	59.00
60.00	06000	LABORATORY	0	4	0	14	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	59	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	4,594	0	7,225	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,656	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,698	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	983	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	91	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	106,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	57,211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,207	0	385	0	90.01
91.00	09100	EMERGENCY	0	8,517	0	20,649	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,980	103,255	0	137,466	163,708	118.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	618	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,980	103,873	0	137,466	163,708	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	27,050					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,923				16.00
17.00	01700	SOCIAL SERVICE	0	0	12,886			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0			23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,196	9,577			30.00
31.00	03100	INTENSIVE CARE UNIT	0	650	1,093			31.00
32.02	03202	SURGICAL HEART UNIT	0	598	1,144			32.02
43.00	04300	NURSERY	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,519	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	460	0			50.02
50.03	05002	WOUND CARE CENTER	0	0	0			50.03
51.00	05100	RECOVERY ROOM	0	662	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	581	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,709	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	260	0			55.00
56.00	05600	RADIOISOTOPE	0	235	0			56.00
58.00	05800	MRI	0	340	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	742	0			59.00
60.00	06000	LABORATORY	0	3,509	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	174	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	457	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	1,118	0			65.00
66.00	06600	PHYSICAL THERAPY	0	483	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	974	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,253	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	858	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,050	5,827	0			73.00
73.02	07302	INPT RENAL DIALYSIS	0	177	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	369	0			90.01
91.00	09100	EMERGENCY	0	2,749	1,072			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,050	31,923	12,886	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	0	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,050	31,923	12,886	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	32,404					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		187,374				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			14,184			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					1,425,957	30.00
31.00	03100	INTENSIVE CARE UNIT					880,560	31.00
32.02	03202	SURGICAL HEART UNIT					325,083	32.02
43.00	04300	NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,702,256	50.00
50.01	05001	AMBULATORY PRE/POST OP					0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES					730,929	50.02
50.03	05002	WOUND CARE CENTER					0	50.03
51.00	05100	RECOVERY ROOM					185,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					66,872	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,194,779	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					254,122	55.00
56.00	05600	RADIOISOTOPE					22,302	56.00
58.00	05800	MRI					1,010,472	58.00
59.00	05900	CARDIAC CATHETERIZATION					151,273	59.00
60.00	06000	LABORATORY					426,181	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					8,023	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
64.00	06400	INTRAVENOUS THERAPY					105,315	64.00
65.00	06500	RESPIRATORY THERAPY					123,593	65.00
66.00	06600	PHYSICAL THERAPY					48,644	66.00
69.00	06900	ELECTROCARDIOLOGY					71,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					12,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					124,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					65,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					67,290	73.00
73.02	07302	INPT RENAL DIALYSIS					4,973	73.02
76.97	07697	CARDIAC REHABILITATION					0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD					495,071	90.01
91.00	09100	EMERGENCY					461,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
			21.00	22.00	23.00	23.01	24.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	9,964,805	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					12,605	190.00
190.01	19001	POB RX					0	190.01
190.02	19002	MOBILE MEDICAL CARE					0	190.02
190.03	19003	ARTHRITIS CENTER					0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES					13	192.00
192.02	19202	OUTREACH TRANSPORTATION					0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER					0	192.03
192.04	19204	WOMENS HEALTH CENTER					0	192.04
192.05	19205	OTHER NRCC					86,817	192.05
192.06	19206	ASBURY STREET SNF					0	192.06
200.00		Cross Foot Adjustments	32,404	187,374	0	0	219,778	200.00
201.00		Negative Cost Centers	0	0	14,184	0	14,184	201.00
202.00		TOTAL (sum lines 118 through 201)	32,404	187,374	14,184	0	10,298,202	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
23.01	02301	RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,425,957	30.00
31.00	03100	INTENSIVE CARE UNIT	0	880,560	31.00
32.02	03202	SURGICAL HEART UNIT	0	325,083	32.02
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,702,256	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	730,929	50.02
50.03	05002	WOUND CARE CENTER	0	0	50.03
51.00	05100	RECOVERY ROOM	0	185,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	66,872	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,194,779	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	254,122	55.00
56.00	05600	RADIOISOTOPE	0	22,302	56.00
58.00	05800	MRI	0	1,010,472	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	151,273	59.00
60.00	06000	LABORATORY	0	426,181	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,023	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	105,315	64.00
65.00	06500	RESPIRATORY THERAPY	0	123,593	65.00
66.00	06600	PHYSICAL THERAPY	0	48,644	66.00
69.00	06900	ELECTROCARDIOLOGY	0	71,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	124,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,290	73.00
73.02	07302	INPT RENAL DIALYSIS	0	4,973	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	495,071	90.01
91.00	09100	EMERGENCY	0	461,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	389,560					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,301,940				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	0	45,943,609			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,224	800	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	4,688	2,665,407	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,792	75,315	720,635	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	18,763	2,010	0	0	0	9.00
10.00	01000	DIETARY	3,178	0	0	0	0	10.00
11.00	01100	CAFETERIA	14,315	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,732	32,122	1,261,404	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,703	14,384	346,741	0	0	14.00
15.00	01500	PHARMACY	2,964	0	1,601,456	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,715	0	25,518	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,944	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	6,058,264	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	16,846	891,947	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	3,915	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,317	161,734	10,005,909	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,578	222,551	2,087,130	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	8,341	66,995	2,037,956	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,384	432,511	3,230,878	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,500	200,644	410,400	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	12,517	23,661	1,577,495	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	793	16,835	64,528	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,048	295,986	2,251,078	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,141	57,270	258,549	0	0	55.00
56.00	05600	RADIOISOTOPE	3,095	0	156,293	0	0	56.00
58.00	05800	MRI	4,995	275,823	256,108	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,689	25,936	401,427	0	0	59.00
60.00	06000	LABORATORY	16,442	83,668	1,866	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	396	44,131	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,385	17,884	1,892,618	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,380	25,924	1,073,405	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,511	2,800	1,708,353	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,215	7,267	484,635	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738	2,091	30,081	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	445	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,015	136,943	474,981	0	0	90.01
91.00	09100	EMERGENCY	10,856	93,896	3,636,718	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	376,355	2,300,895	45,655,911	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	11,304	1,045	287,698	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,169,961	8,124,716	7,506,671	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.570287	3.529508	0.163389	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			9,414	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000205	0.000000	0.000000	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,545,238					5.03
5.04	00570	ADMITTING	0	914,912,621				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	914,912,621			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	145,941	0	0	-37,278,044	136,403,121	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	22,789	0	0	0	9,901,813	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	257	0	0	0	575,203	8.00
9.00	00900	HOUSEKEEPING	16,105	0	0	0	2,806,544	9.00
10.00	01000	DIETARY	1,196	0	0	0	1,019,393	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,175,006	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	19,513	0	0	0	2,015,827	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	758,427	0	0	0	1,401,719	14.00
15.00	01500	PHARMACY	26,879	0	0	0	2,109,825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	489	0	0	0	172,975	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	10,829	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,446,561	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,413	0	0	0	3,888,643	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	2,060	0	0	198,089	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,482	119,883,257	119,883,257	0	16,707,222	30.00
31.00	03100	INTENSIVE CARE UNIT	142,682	18,585,628	18,585,628	0	6,199,938	31.00
32.02	03202	SURGICAL HEART UNIT	8,592	17,076,491	17,076,491	0	3,030,821	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,536,315	71,970,192	71,970,192	0	7,791,025	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	93,256	13,148,986	13,148,986	0	1,401,365	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	32,288	18,913,366	18,913,366	0	2,173,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,370	16,600,196	16,600,196	0	174,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,051	77,403,591	77,403,591	0	4,080,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	97	7,414,462	7,414,462	0	896,535	55.00
56.00	05600	RADIOISOTOPE	0	6,718,251	6,718,251	0	217,319	56.00
58.00	05800	MRI	89	9,707,966	9,707,966	0	1,328,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,856	21,213,268	21,213,268	0	839,180	59.00
60.00	06000	LABORATORY	53,515	100,255,967	100,255,967	0	8,173,802	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	504	4,969,635	4,969,635	0	779,748	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	56,543	13,068,507	13,068,507	0	2,611,517	64.00
65.00	06500	RESPIRATORY THERAPY	8,886	31,951,923	31,951,923	0	2,115,739	65.00
66.00	06600	PHYSICAL THERAPY	19,256	13,800,655	13,800,655	0	2,203,146	66.00
69.00	06900	ELECTROCARDIOLOGY	1,658	27,832,490	27,832,490	0	737,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	654,619	654,619	0	49,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	35,792,990	35,792,990	0	8,695,887	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,512,752	24,512,752	0	3,732,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	169,294,321	169,294,321	0	15,385,436	73.00
73.02	07302	INPT RENAL DIALYSIS	1,075	5,069,519	5,069,519	0	789,145	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	12,855	10,539,135	10,539,135	0	1,223,245	90.01
91.00	09100	EMERGENCY	108,521	78,534,454	78,534,454	0	7,802,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,544,960	914,912,621	914,912,621	-37,079,955	132,664,750
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10,589	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,740	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	278	0	0	3,721,042	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-160,918	82,900	829,488	37,278,044	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000091	0.000907	0.273293	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	9,642	35,154	231,859	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000011	0.000038	0.001700	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	336,620				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	879,015			8.00
9.00	00900	HOUSEKEEPING	0	18,763	31	20,823		9.00
10.00	01000	DIETARY	0	3,178	0	244	65,342	10.00
11.00	01100	CAFETERIA	0	14,315	0	1,094	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	69	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	3,204	55	0	14.00
15.00	01500	PHARMACY	0	2,964	0	86	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	137	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,944	0	34	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	26,264	493	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	98,317	318,652	9,150	58,593	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	73,916	828	6,486	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	134	1,306	263	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	121,954	1,704	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,500	33,170	35	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	0	392	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	45	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	59,858	956	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	0	377	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	26,974	137	0	56.00
58.00	05800	MRI	0	4,995	8,225	114	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	0	663	0	59.00
60.00	06000	LABORATORY	0	16,442	0	243	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	8	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	0	377	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	147	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	8,146	70	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,215	11,679	140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	35	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
73.02	07302	INPT RENAL DIALYSIS	0	445	0	48	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	31,125	68	0	90.01
91.00	09100	EMERGENCY	0	10,856	153,744	1,333	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	323,415	877,076	20,388	65,342	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	34	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	1,939	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	11,304	0	401	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	12,607,909	732,402	4,276,336	1,467,125	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	37.454426	0.833208	205.365990	22.453016	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	315,069	978	133,942	23,980	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.935978	0.001113	6.432406	0.366992	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			CAFETERIA (FTEs SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSNG FTEs))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	54,830					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,154	0	19,978			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	767	0	0	10,161,747		14.00
15.00	01500	PHARMACY	1,741	0	0	0	15,545,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,767	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	482	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	193	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,577	0	8,290	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,195	0	1,989	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	2,199	0	1,968	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,490	0	1,733	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	446	0	263	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	1,762	0	1,285	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	159	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,829	0	100	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	286	0	52	0	0	55.00
56.00	05600	RADIOISOTOPE	149	0	1	0	0	56.00
58.00	05800	MRI	309	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	452	0	188	0	0	59.00
60.00	06000	LABORATORY	2	0	2	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	31	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,425	0	1,050	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,402	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,952	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	519	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,610,452	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,551,295	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,545,373	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	637	0	56	0	0	90.01
91.00	09100	EMERGENCY	4,496	0	3,001	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSNG FTES))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,504	0	19,978	10,161,747	15,545,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	326	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,530,250	0	2,757,534	2,473,749	2,927,196	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	64.385373	0.000000	138.028531	0.243437	0.188300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	103,873	0	137,466	163,708	27,050	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.894456	0.000000	6.880869	0.016110	0.001740	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	914,912,621					16.00
17.00	01700	SOCIAL SERVICE	0	10,000				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			17,141	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01	02301	RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,883,257	7,432	0	0	6,891	30.00
31.00	03100	INTENSIVE CARE UNIT	18,585,628	848	0	0	1,451	31.00
32.02	03202	SURGICAL HEART UNIT	17,076,491	888	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,970,192	0	0	0	1,354	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	13,148,986	0	0	0	229	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	18,913,366	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,600,196	0	0	0	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,403,591	0	0	0	1,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,414,462	0	0	0	27	55.00
56.00	05600	RADIOISOTOPE	6,718,251	0	0	0	126	56.00
58.00	05800	MRI	9,707,966	0	0	0	90	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,213,268	0	0	0	593	59.00
60.00	06000	LABORATORY	100,255,967	0	0	0	292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,969,635	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	13,068,507	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,951,923	0	0	0	209	65.00
66.00	06600	PHYSICAL THERAPY	13,800,655	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	27,832,490	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	654,619	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,792,990	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,512,752	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	169,294,321	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	5,069,519	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	10,539,135	0	0	0	140	90.01
91.00	09100	EMERGENCY	78,534,454	832	0	0	2,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	914,912,621	10,000	0	0	15,728	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	799	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	614	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	427,234	93,581	0	0	10,110,506	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000467	9.358100	0.000000	0.000000	589.843416	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,923	12,886	0	0	32,404	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000035	1.288600	0.000000	0.000000	1.890438	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,141			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		1		23.00
23.01	02301	RADIOLOGY SCHOOL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,891	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,451	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,354	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	229	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	321	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,785	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27	0	0	55.00
56.00	05600	RADIOISOTOPE	126	0	0	56.00
58.00	05800	MRI	90	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	593	0	0	59.00
60.00	06000	LABORATORY	292	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	140	0	0	90.01
91.00	09100	EMERGENCY	2,220	1	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00			
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,728	1	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	POB RX	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	799	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	192.04
192.05	19205	OTHER NRCC	614	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	192.06
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,779,124	-185,663	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	337.152091	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	187,374	14,184	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.931334	14,184.000000	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 10:58 am

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,624,153		30,624,153	0	30,624,153
31.00	03100	INTENSIVE CARE UNIT	9,025,362		9,025,362	0	9,025,362
32.02	03202	SURGICAL HEART UNIT	4,875,263		4,875,263	63,925	4,939,188
43.00	04300	NURSERY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,595,350		11,595,350	0	11,595,350
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0
50.02	03340	GASTRO INTESTINAL SERVICES	1,983,969		1,983,969	0	1,983,969
50.03	05002	WOUND CARE CENTER	0		0	0	0
51.00	05100	RECOVERY ROOM	3,616,225		3,616,225	0	3,616,225
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	278,531		278,531	0	278,531
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,387,363		6,387,363	0	6,387,363
55.00	05500	RADIOLOGY-THERAPEUTIC	1,515,491		1,515,491	0	1,515,491
56.00	05600	RADIOISOTOPE	456,110		456,110	0	456,110
58.00	05800	MRI	1,932,786		1,932,786	0	1,932,786
59.00	05900	CARDIAC CATHETERIZATION	1,557,625		1,557,625	0	1,557,625
60.00	06000	LABORATORY	11,120,600		11,120,600	0	11,120,600
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,026,225		1,026,225	124	1,026,349
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	3,836,600		3,836,600	0	3,836,600
65.00	06500	RESPIRATORY THERAPY	2,955,931	0	2,955,931	0	2,955,931
66.00	06600	PHYSICAL THERAPY	3,127,495	0	3,127,495	0	3,127,495
69.00	06900	ELECTROCARDIOLOGY	1,257,270		1,257,270	0	1,257,270
70.00	07000	ELECTROENCEPHALOGRAPHY	101,826		101,826	0	101,826
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,698,359		12,698,359	0	12,698,359
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,629,074		5,629,074	0	5,629,074
73.00	07300	DRUGS CHARGED TO PATIENTS	22,596,393		22,596,393	0	22,596,393
73.02	07302	INPT RENAL DIALYSIS	1,033,705		1,033,705	0	1,033,705
76.97	07697	CARDIAC REHABILITATION	0		0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	1,689,129		1,689,129	0	1,689,129
91.00	09100	EMERGENCY	11,491,706		11,491,706	0	11,491,706
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,276,772		3,276,772		3,276,772
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	155,689,313	0	155,689,313	64,049	155,753,362
201.00		Less Observation Beds	3,276,772		3,276,772		3,276,772
202.00		Total (see instructions)	152,412,541	0	152,412,541	64,049	152,476,590

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 10:58 am	
					Title XVIII		Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,654,462		102,654,462			30.00
31.00	03100	INTENSIVE CARE UNIT	18,585,628		18,585,628			31.00
32.02	03202	SURGICAL HEART UNIT	17,076,491		17,076,491			32.02
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,757,833	42,212,359	71,970,192	0.161113	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,211,031	10,937,955	13,148,986	0.150884	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0.000000	0.000000	50.03
51.00	05100	RECOVERY ROOM	5,092,133	13,821,233	18,913,366	0.191199	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,123,593	10,476,603	16,600,196	0.016779	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,786,517	45,617,074	77,403,591	0.082520	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	329,677	7,084,785	7,414,462	0.204397	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,633,104	5,085,147	6,718,251	0.067891	0.000000	56.00
58.00	05800	MRI	2,718,548	6,989,418	9,707,966	0.199093	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,518,656	9,694,612	21,213,268	0.073427	0.000000	59.00
60.00	06000	LABORATORY	58,600,005	41,655,962	100,255,967	0.110922	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,186,367	1,783,268	4,969,635	0.206499	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	148,877	12,919,630	13,068,507	0.293576	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	26,389,368	5,562,555	31,951,923	0.092512	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,939,668	6,860,987	13,800,655	0.226619	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	13,473,567	14,358,923	27,832,490	0.045173	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,173	528,446	654,619	0.155550	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,500,147	14,292,843	35,792,990	0.354772	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,253,993	10,258,759	24,512,752	0.229639	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,338,179	112,956,142	169,294,321	0.133474	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	4,747,219	322,300	5,069,519	0.203906	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	7,442	10,531,693	10,539,135	0.160272	0.000000	90.01
91.00	09100	EMERGENCY	24,317,709	54,216,745	78,534,454	0.146327	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,283,284	15,945,511	17,228,795	0.190192	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	460,799,671	454,112,950	914,912,621			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	460,799,671	454,112,950	914,912,621			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 10:58 am
			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
32.02	03202	SURGICAL HEART UNIT			32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.161113		50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.150884		50.02
50.03	05002	WOUND CARE CENTER	0.000000		50.03
51.00	05100	RECOVERY ROOM	0.191199		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.016779		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082520		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.204397		55.00
56.00	05600	RADIOISOTOPE	0.067891		56.00
58.00	05800	MRI	0.199093		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073427		59.00
60.00	06000	LABORATORY	0.110922		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.206524		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.293576		64.00
65.00	06500	RESPIRATORY THERAPY	0.092512		65.00
66.00	06600	PHYSICAL THERAPY	0.226619		66.00
69.00	06900	ELECTROCARDIOLOGY	0.045173		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155550		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354772		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229639		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133474		73.00
73.02	07302	INPT RENAL DIALYSIS	0.203906		73.02
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.160272		90.01
91.00	09100	EMERGENCY	0.146327		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.190192		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 10:58 am

			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	30,624,153		30,624,153	0	30,624,153	30.00
31.00	03100	INTENSIVE CARE UNIT	9,025,362		9,025,362	0	9,025,362	31.00
32.02	03202	SURGICAL HEART UNIT	4,875,263		4,875,263	63,925	4,939,188	32.02
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,595,350		11,595,350	0	11,595,350	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	1,983,969		1,983,969	0	1,983,969	50.02
50.03	05002	WOUND CARE CENTER	0		0	0	0	50.03
51.00	05100	RECOVERY ROOM	3,616,225		3,616,225	0	3,616,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	278,531		278,531	0	278,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,387,363		6,387,363	0	6,387,363	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,515,491		1,515,491	0	1,515,491	55.00
56.00	05600	RADIOISOTOPE	456,110		456,110	0	456,110	56.00
58.00	05800	MRI	1,932,786		1,932,786	0	1,932,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,557,625		1,557,625	0	1,557,625	59.00
60.00	06000	LABORATORY	11,120,600		11,120,600	0	11,120,600	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,026,225		1,026,225	124	1,026,349	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,836,600		3,836,600	0	3,836,600	64.00
65.00	06500	RESPIRATORY THERAPY	2,955,931	0	2,955,931	0	2,955,931	65.00
66.00	06600	PHYSICAL THERAPY	3,127,495	0	3,127,495	0	3,127,495	66.00
69.00	06900	ELECTROCARDIOLOGY	1,257,270		1,257,270	0	1,257,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,826		101,826	0	101,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,698,359		12,698,359	0	12,698,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,629,074		5,629,074	0	5,629,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,596,393		22,596,393	0	22,596,393	73.00
73.02	07302	INPT RENAL DIALYSIS	1,033,705		1,033,705	0	1,033,705	73.02
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,689,129		1,689,129	0	1,689,129	90.01
91.00	09100	EMERGENCY	11,491,706		11,491,706	0	11,491,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,276,772		3,276,772	0	3,276,772	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	155,689,313	0	155,689,313	64,049	155,753,362	200.00
201.00		Less Observation Beds	3,276,772		3,276,772		3,276,772	201.00
202.00		Total (see instructions)	152,412,541	0	152,412,541	64,049	152,476,590	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/30/2021 10:58 am		
					Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
			Inpatient	Outpatient	Total (col. 6 + col. 7)						
			6.00	7.00	8.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	102,654,462		102,654,462					30.00	
31.00	03100	INTENSIVE CARE UNIT	18,585,628		18,585,628					31.00	
32.02	03202	SURGICAL HEART UNIT	17,076,491		17,076,491					32.02	
43.00	04300	NURSERY	0		0					43.00	
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	29,757,833	42,212,359	71,970,192	0.161113	0.000000			50.00	
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000			50.01	
50.02	03340	GASTRO INTESTINAL SERVICES	2,211,031	10,937,955	13,148,986	0.150884	0.000000			50.02	
50.03	05002	WOUND CARE CENTER	0	0	0	0.000000	0.000000			50.03	
51.00	05100	RECOVERY ROOM	5,092,133	13,821,233	18,913,366	0.191199	0.000000			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	6,123,593	10,476,603	16,600,196	0.016779	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,786,517	45,617,074	77,403,591	0.082520	0.000000			54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	329,677	7,084,785	7,414,462	0.204397	0.000000			55.00	
56.00	05600	RADIOISOTOPE	1,633,104	5,085,147	6,718,251	0.067891	0.000000			56.00	
58.00	05800	MRI	2,718,548	6,989,418	9,707,966	0.199093	0.000000			58.00	
59.00	05900	CARDIAC CATHETERIZATION	11,518,656	9,694,612	21,213,268	0.073427	0.000000			59.00	
60.00	06000	LABORATORY	58,600,005	41,655,962	100,255,967	0.110922	0.000000			60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,186,367	1,783,268	4,969,635	0.206499	0.000000			62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000			62.30	
64.00	06400	INTRAVENOUS THERAPY	148,877	12,919,630	13,068,507	0.293576	0.000000			64.00	
65.00	06500	RESPIRATORY THERAPY	26,389,368	5,562,555	31,951,923	0.092512	0.000000			65.00	
66.00	06600	PHYSICAL THERAPY	6,939,668	6,860,987	13,800,655	0.226619	0.000000			66.00	
69.00	06900	ELECTROCARDIOLOGY	13,473,567	14,358,923	27,832,490	0.045173	0.000000			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	126,173	528,446	654,619	0.155550	0.000000			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,500,147	14,292,843	35,792,990	0.354772	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,253,993	10,258,759	24,512,752	0.229639	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	56,338,179	112,956,142	169,294,321	0.133474	0.000000			73.00	
73.02	07302	INPT RENAL DIALYSIS	4,747,219	322,300	5,069,519	0.203906	0.000000			73.02	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000			76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000			76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000			76.99	
OUTPATIENT SERVICE COST CENTERS											
90.01	09001	OPD	7,442	10,531,693	10,539,135	0.160272	0.000000			90.01	
91.00	09100	EMERGENCY	24,317,709	54,216,745	78,534,454	0.146327	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,283,284	15,945,511	17,228,795	0.190192	0.000000			92.00	
OTHER REIMBURSABLE COST CENTERS											
99.10	09910	CORF	0	0	0					99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0					99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0					99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0					99.40	
SPECIAL PURPOSE COST CENTERS											
113.00	11300	INTEREST EXPENSE								113.00	
200.00		Subtotal (see instructions)	460,799,671	454,112,950	914,912,621					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	460,799,671	454,112,950	914,912,621					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.02	03202	SURGICAL HEART UNIT				32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000			50.02
50.03	05002	WOUND CARE CENTER	0.000000			50.03
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
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
73.02	07302	INPT RENAL DIALYSIS	0.000000			73.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 10:58 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,425,957	0	1,425,957	26,131	54.57	30.00
31.00	INTENSIVE CARE UNIT	880,560		880,560	2,768	318.12	31.00
32.02	SURGICAL HEART UNIT	325,083		325,083	2,631	123.56	32.02
43.00	NURSERY	0		0	0	0.00	43.00
200.00	Total (lines 30 through 199)	2,631,600		2,631,600	31,530		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,332	454,677				30.00
31.00	INTENSIVE CARE UNIT	1,480	470,818				31.00
32.02	SURGICAL HEART UNIT	708	87,480				32.02
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	10,520	1,012,975				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,702,256	71,970,192	0.023652	9,263,483	219,100	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340 GASTRO INTESTINAL SERVICES	730,929	13,148,986	0.055588	818,459	45,496	50.02
50.03	05002 WOUND CARE CENTER	0	0	0.000000	0	0	50.03
51.00	05100 RECOVERY ROOM	185,260	18,913,366	0.009795	1,567,261	15,351	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	66,872	16,600,196	0.004028	1,881,646	7,579	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,194,779	77,403,591	0.015436	11,704,782	180,675	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	254,122	7,414,462	0.034274	211,778	7,258	55.00
56.00	05600 RADIOISOTOPE	22,302	6,718,251	0.003320	651,596	2,163	56.00
58.00	05800 MRI	1,010,472	9,707,966	0.104087	838,510	87,278	58.00
59.00	05900 CARDIAC CATHETERIZATION	151,273	21,213,268	0.007131	4,321,026	30,813	59.00
60.00	06000 LABORATORY	426,181	100,255,967	0.004251	21,454,029	91,201	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	8,023	4,969,635	0.001614	1,057,036	1,706	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	105,315	13,068,507	0.008059	41,616	335	64.00
65.00	06500 RESPIRATORY THERAPY	123,593	31,951,923	0.003868	9,410,291	36,399	65.00
66.00	06600 PHYSICAL THERAPY	48,644	13,800,655	0.003525	2,756,131	9,715	66.00
69.00	06900 ELECTROCARDIOLOGY	71,673	27,832,490	0.002575	5,378,866	13,851	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,644	654,619	0.019315	53,035	1,024	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	124,287	35,792,990	0.003472	7,288,665	25,306	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,616	24,512,752	0.002677	5,024,219	13,450	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,290	169,294,321	0.000397	18,609,145	7,388	73.00
73.02	07302 INPT RENAL DIALYSIS	4,973	5,069,519	0.000981	2,281,436	2,238	73.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	495,071	10,539,135	0.046975	7,442	350	90.01
91.00	09100 EMERGENCY	461,630	78,534,454	0.005878	9,223,539	54,216	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	152,576	17,228,795	0.008856	0	0	92.00
200.00	Total (lines 50 through 199)	7,485,781	776,596,040		113,843,991	852,892	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 10:58 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
32.02	03202	SURGICAL HEART UNIT		0	0	0	0	0	0	32.02	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	26,131	0.00	8,332		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,768	0.00	1,480		31.00	
32.02	03202	SURGICAL HEART UNIT			0	2,631	0.00	708		32.02	
43.00	04300	NURSERY			0	0	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	31,530		10,520		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	
32.02	03202	SURGICAL HEART UNIT		0						32.02	
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: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 10:58 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 10:58 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	71,970,192	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	13,148,986	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	18,913,366	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,600,196	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	77,403,591	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,414,462	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,718,251	0.000000	56.00
58.00	05800	MRI	0	0	0	9,707,966	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,213,268	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	100,255,967	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	4,969,635	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	13,068,507	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,951,923	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,800,655	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,832,490	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	654,619	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	35,792,990	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,512,752	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,294,321	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	5,069,519	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	10,539,135	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	78,534,454	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,228,795	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	776,596,040		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 10:58 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	9,263,483	0	6,494,861	0	50.00
50.01	05001	AMBULATORY PRE/POST OP		0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0.000000	818,459	0	2,664,465	0	50.02
50.03	05002	WOUND CARE CENTER		0.000000	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM		0.000000	1,567,261	0	2,365,803	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,881,646	0	1,766,289	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,704,782	0	9,964,363	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	211,778	0	2,371,231	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	651,596	0	1,390,188	0	56.00
58.00	05800	MRI		0.000000	838,510	0	1,484,311	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	4,321,026	0	4,381,137	0	59.00
60.00	06000	LABORATORY		0.000000	21,454,029	0	6,374,982	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	1,057,036	0	728,963	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.000000	41,616	0	4,518,004	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	9,410,291	0	1,119,281	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,756,131	0	88,722	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	5,378,866	0	3,587,449	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	53,035	0	88,300	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	7,288,665	0	2,193,675	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	5,024,219	0	3,486,816	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	18,609,145	0	45,970,559	0	73.00
73.02	07302	INPT RENAL DIALYSIS		0.000000	2,281,436	0	133,134	0	73.02
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0.000000	7,442	0	836,433	0	90.01
91.00	09100	EMERGENCY		0.000000	9,223,539	0	7,680,519	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	2,810,480	0	92.00
200.00		Total (lines 50 through 199)			113,843,991	0	112,499,965	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 10:58 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.161113	6,494,861	1	385	1,046,407	50.00	
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01	
50.02	03340	GASTRO INTESTINAL SERVICES	0.150884	2,664,465	0	0	402,025	50.02	
50.03	05002	WOUND CARE CENTER	0.000000	0	0	0	0	50.03	
51.00	05100	RECOVERY ROOM	0.191199	2,365,803	0	0	452,339	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.016779	1,766,289	0	0	29,637	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082520	9,964,363	0	723	822,259	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.204397	2,371,231	0	0	484,673	55.00	
56.00	05600	RADIOISOTOPE	0.067891	1,390,188	0	0	94,381	56.00	
58.00	05800	MRI	0.199093	1,484,311	0	131	295,516	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.073427	4,381,137	0	110	321,694	59.00	
60.00	06000	LABORATORY	0.110922	6,374,982	6,288	0	707,126	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.206499	728,963	11	0	150,530	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	0.293576	4,518,004	0	5	1,326,378	64.00	
65.00	06500	RESPIRATORY THERAPY	0.092512	1,119,281	0	0	103,547	65.00	
66.00	06600	PHYSICAL THERAPY	0.226619	88,722	0	0	20,106	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.045173	3,587,449	0	0	162,056	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155550	88,300	0	0	13,735	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354772	2,193,675	0	0	778,254	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229639	3,486,816	0	0	800,709	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133474	45,970,559	0	97,708	6,135,874	73.00	
73.02	07302	INPT RENAL DIALYSIS	0.203906	133,134	0	0	27,147	73.02	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	0.160272	836,433	0	0	134,057	90.01	
91.00	09100	EMERGENCY	0.146327	7,680,519	0	13	1,123,867	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.190192	2,810,480	0	134	534,531	92.00	
200.00		Subtotal (see instructions)		112,499,965	6,300	99,209	15,966,848	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		112,499,965	6,300	99,209	15,966,848	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 10:58 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	62		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0		50.02
50.03	05002	WOUND CARE CENTER	0	0		50.03
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	60		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
58.00	05800	MRI	0	26		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8		59.00
60.00	06000	LABORATORY	697	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	1		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	13,041		73.00
73.02	07302	INPT RENAL DIALYSIS	0	0		73.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	0		90.01
91.00	09100	EMERGENCY	0	2		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25		92.00
200.00		Subtotal (see instructions)	699	13,225		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	699	13,225		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 10:58 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 10:58 am

			Title XIX		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	0	0	71,970,192	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	13,148,986	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	18,913,366	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,600,196	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	77,403,591	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,414,462	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,718,251	0.000000	56.00
58.00	05800	MRI	0	0	0	9,707,966	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,213,268	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	100,255,967	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	4,969,635	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	13,068,507	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,951,923	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,800,655	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,832,490	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	654,619	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	35,792,990	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,512,752	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,294,321	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	5,069,519	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	0	0	0	10,539,135	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	78,534,454	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,228,795	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	776,596,040		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0080

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0.000000	0	0	0	0	50.03
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
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
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
73.02	07302	INPT RENAL DIALYSIS	0.000000	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.000000	0	0	0	0	90.01
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
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 10:58 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,131	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,131	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.		10,660	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,675	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		8,332	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)		30,624,153	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)		30,624,153	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		109,090,143	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		109,090,143	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.280723	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)		8,606.72	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)		27 30,624,153	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)		1,171.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,764,687	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)		9,764,687	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	9,025,362	2,768	3,260.61	1,480	4,825,703		43.00
44.00	CORONARY CARE UNIT							44.00
44.02	SURGICAL HEART UNIT	4,939,188	2,631	1,877.30	708	1,329,128		44.02
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)					15,880,899		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,800,417		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)					1,012,975		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					852,892		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,865,867		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,934,550		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)					2,796		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,171.95		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,276,772		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,425,957	30,624,153	0.046563	3,276,772	152,576
91.00	Nursing School cost	0	30,624,153	0.000000	3,276,772	0
92.00	Allied health cost	0	30,624,153	0.000000	3,276,772	0
93.00	All other Medical Education	0	30,624,153	0.000000	3,276,772	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 10:58 am
Cost Center Description		Title XIX	Hospital	Cost
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			26,131 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			26,131 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.			24,780 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			-1,445 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)			2,102 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)			30,624,153 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)			30,624,153 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)			30,624,153 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)			1,171.95 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,463,439 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)			2,463,439 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Title XIX			Hospital		Cost	
		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		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	9,025,362	2,768	3,260.61	325	1,059,698		43.00
44.00	CORONARY CARE UNIT							44.00
44.02	SURGICAL HEART UNIT	4,875,263	2,631	1,853.01	248	459,546		44.02
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)					0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,982,683		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)					0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		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)					2,796		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,171.95		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,276,772		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Title XIX		Hospital		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	1,425,957	30,624,153	0.046563	3,276,772	152,576	90.00
91.00	Nursing School cost	0	30,624,153	0.000000	3,276,772	0	91.00
92.00	Allied health cost	0	30,624,153	0.000000	3,276,772	0	92.00
93.00	All other Medical Education	0	30,624,153	0.000000	3,276,772	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 10:58 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		39,829,050		30.00
31.00	03100	INTENSIVE CARE UNIT		6,477,674		31.00
32.02	03202	SURGICAL HEART UNIT		5,906,912		32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.161113	9,263,483	1,492,468	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.150884	818,459	123,492	50.02
50.03	05002	WOUND CARE CENTER	0.000000	0	0	50.03
51.00	05100	RECOVERY ROOM	0.191199	1,567,261	299,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016779	1,881,646	31,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082520	11,704,782	965,879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.204397	211,778	43,287	55.00
56.00	05600	RADIOISOTOPE	0.067891	651,596	44,238	56.00
58.00	05800	MRI	0.199093	838,510	166,941	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073427	4,321,026	317,280	59.00
60.00	06000	LABORATORY	0.110922	21,454,029	2,379,724	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.206524	1,057,036	218,303	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.293576	41,616	12,217	64.00
65.00	06500	RESPIRATORY THERAPY	0.092512	9,410,291	870,565	65.00
66.00	06600	PHYSICAL THERAPY	0.226619	2,756,131	624,592	66.00
69.00	06900	ELECTROCARDIOLOGY	0.045173	5,378,866	242,980	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155550	53,035	8,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354772	7,288,665	2,585,814	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229639	5,024,219	1,153,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133474	18,609,145	2,483,837	73.00
73.02	07302	INPT RENAL DIALYSIS	0.203906	2,281,436	465,198	73.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.160272	7,442	1,193	90.01
91.00	09100	EMERGENCY	0.146327	9,223,539	1,349,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.190192	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		113,843,991	15,880,899	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)		113,843,991		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 10:58 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,588,374	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			16,828,436	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)			95,352	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			205,369	2.04
3.00	Managed Care Simulated Payments			10,893,348	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			134.04	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)	or		130.55	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)			12.07	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)			9.31	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.			0.72	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).			-16.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	\$		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			116.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			87.79	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			87.79	12.00
13.00	Total allowable FTE count for the prior year.			94.57	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.			98.11	14.00
15.00	Sum of lines 12 through 14 divided by 3.			93.49	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			93.49	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.697478	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.609382	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.609382	21.00
22.00	IME payment adjustment (see instructions)			6,432,100	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,125,650	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-28.80	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			6,432,100	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,125,650	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			7.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)			28.92	31.00
32.00	Sum of lines 30 and 31			36.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)			19.62	33.00
34.00	Disproportionate share adjustment (see instructions)			1,099,545	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 10:58 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,860,421	1,066,770		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	467,647	797,885		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,265,532			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	31,514,708			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			34,640,358	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,502,785	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			3,819,368	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			66,303	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,028,814	59.00
60.00	Primary payer payments			39,738	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			40,989,076	61.00
62.00	Deductibles billed to program beneficiaries			1,993,736	62.00
63.00	Coinsurance billed to program beneficiaries			170,135	63.00
64.00	Allowable bad debts (see instructions)			1,121,767	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			729,149	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			735,333	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,554,354	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-136,720	70.93
70.94	HRR adjustment amount (see instructions)			-63,358	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 10:58 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,354,276	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		38,787,307	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)		566,969	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		800,732	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
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVPB 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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 10:58 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,588,374	0	5,588,374		5,588,374
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,828,436	0		16,828,436	16,828,436
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	95,352	0	95,352		95,352
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	205,369	0		205,369	205,369
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	10,893,348	0	2,168,462	8,724,886	10,893,348
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.609382	0.609382	0.609382	0.609382	
6.00	IME payment adjustment (see instructions)	22.00	6,432,100	0	1,603,483	4,828,617	6,432,100
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,125,650	0	622,201	2,503,449	3,125,650
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,432,100	0	1,603,483	4,828,617	6,432,100
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,125,650	0	622,201	2,503,449	3,125,650
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1962	0.1962	0.1962	0.1962	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,099,545	0	274,110	825,435	1,099,545
11.01	Uncompensated care payments	36.00	1,265,532	0	1,635,482	415,470	2,050,952
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	31,514,708	0	9,196,801	22,317,907	31,514,708
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	34,640,358	0	9,819,002	24,821,356	34,640,358
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,502,785	0	3,122,105	-619,320	2,502,785
17.00	Special add-on payments for new technologies	54.00	66,303	0	0	66,303	66,303
17.01	Net organ acquisition cost						

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 10:58 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	12,941,107	24,268,339	37,209,446
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,772,508	0	2,210,781	-438,273	1,772,508
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	24,642	0	31,213	-6,571	24,642
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.3981	0.3981	0.3981	0.3981	
23.00	Indirect medical education adjustment (see instructions)	6.00	705,635	0	880,111	-174,476	705,635
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	2,502,785	0	3,122,105	-619,320	2,502,785
		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	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5				Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2021 10:58 am	
				Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01		Period on after 10/01	Total (cols. 2 and 3)		
		0	1.00	2.00		3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00						1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,588,374	5,588,374			5,588,374	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,828,436			16,828,436	16,828,436	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	95,352	95,352			95,352	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	205,369			205,369	205,369	2.03	
3.00	Operating outlier reconciliation	2.01	0	0		0	0	3.00	
4.00	Managed care simulated payments	3.00	10,893,348	2,168,462		8,724,887	10,893,349	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.609382	0.609382		0.609382		5.00	
6.00	IME payment adjustment (see instructions)	22.00	6,432,100	1,603,483		4,828,617	6,432,100	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,125,650	622,201		2,503,449	3,125,650	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000		0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0		0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0		0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,432,100	1,603,483		4,828,617	6,432,100	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,125,650	622,201		2,503,449	3,125,650	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1962	0.1962		0.1962		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,099,545	274,110		825,435	1,099,545	11.00	
11.01	Uncompensated care payments	36.00	1,265,532	481,373		1,515,420	1,996,793	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	31,514,708	8,042,692		23,472,016	31,514,708	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	34,640,358	8,664,893		25,975,465	34,640,358	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,502,785	3,122,105		-619,320	2,502,785	16.00	
17.00	Special add-on payments for new technologies	54.00	66,303	0		66,303	66,303	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			11,786,998		25,422,448	37,209,446	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 10:58 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,772,508	2,210,781	-438,273	1,772,508	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	24,642	31,213	-6,571	24,642	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	0.3981	0.3981	0.3981		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	705,635	880,111	-174,476	705,635	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,502,785	3,122,105	-619,320	2,502,785	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	-136,720	-12,888	-123,832	-136,720	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	-63,358	-36,325	-27,033	-63,358	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 10:58 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,924	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,966,848	2.00
3.00	OPPS payments		14,195,713	3.00
4.00	Outlier payment (see instructions)		90,226	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,924	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		105,509	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)		105,509	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)		105,509	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,585	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		13,924	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)		14,285,939	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,514,300	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		11,785,563	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,921,754	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)		13,707,317	30.00
31.00	Primary payer payments		66	31.00
32.00	Subtotal (line 30 minus line 31)		13,707,251	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)		635,377	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		412,995	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		361,140	36.00
37.00	Subtotal (see instructions)		14,120,246	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,120,246	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		14,384,129	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-263,883	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		53,905	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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 10:58 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		34,354,311		11,779,190	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		4,249,715		2,604,939	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/27/2021	294,071		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	01/27/2021	110,790		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)		183,281		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)		38,787,307		14,384,129	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		566,969		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		263,883	6.02	
7.00	Total Medicare program liability (see instructions)		39,354,276		14,120,246	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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/30/2021 10:58 am

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

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2021 10:58 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	3,982,683			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,982,683	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,982,683	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0			13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0			14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,982,683		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments			0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	3,982,683		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinsurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/30/2021 10:58 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					11.15	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					1.36	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))					-4.50	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)					95.48	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					87.79	6.00
7.00	Enter the lesser of line 5 or line 6					87.79	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.	52.65		35.14		87.79	
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.	52.65		35.14		87.79	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	52.65		35.14		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.17		35.09		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	61.89		34.96		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.57		35.06		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	57.57		35.06		17.00	
18.00	Per resident amount	117,553.43		111,312.73		18.00	
19.00	Approved amount for resident costs	6,767,551		3,902,624		10,670,175	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	
24.00	Multiply line 22 time line 23					0	
25.00	Total direct GME amount (sum of lines 19 and 24)					10,670,175	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	10,520		2,335		2,815	
27.00	Total Inpatient Days (see instructions)	28,734		28,734		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.366117		0.081263		0.097968	
29.00	Program direct GME amount	3,906,532		867,090		1,045,336	
29.01	Percent reduction for MA DGME			4.07		4.07	
30.00	Reduction for direct GME payments for Medicare Advantage			35,291		42,545	
31.00	Net Program direct GME amount					5,741,122	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 10:58 am
		Title XVIII	Hospital	PPS
				1.00
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		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)		31,800,417	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		39,738	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		31,760,679	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		15,980,772	42.00
43.00	Primary payer payments (see instructions)		66	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,980,706	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		47,741,385	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.665265	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.334735	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,741,122	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,819,368	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,921,754	50.00

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

Provider CCN: 14-0080

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

Worksheet G

Date/Time Prepared:

11/30/2021 10:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,907	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	91,656,618	0	0	0	4.00
5.00	Other receivable	5,148,658	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-67,583,307	0	0	0	6.00
7.00	Inventory	4,768,745	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,180,432	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)	35,179,053	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,000,000	0	0	0	12.00
13.00	Land improvements	352,750	0	0	0	13.00
14.00	Accumulated depreciation	-125,503	0	0	0	14.00
15.00	Buildings	48,818,124	0	0	0	15.00
16.00	Accumulated depreciation	-8,905,180	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	17,827,078	0	0	0	23.00
24.00	Accumulated depreciation	-8,746,556	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	64,220,713	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,278	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,278	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	99,413,044	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	68,251,391	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,052,168	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	83,303,559	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	1,132,414	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,132,414	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,435,973	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,977,071				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,977,071	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	99,413,044	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0080

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 10:58 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		28,756,889		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-7,209,021				2.00
3.00	Total (sum of line 1 and line 2)		21,547,868		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER FROM AFFILIATES	428,085		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		428,085		0		10.00
11.00	Subtotal (line 3 plus line 10)		21,975,953		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	6,998,197		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)		6,998,197		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,977,756		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER FROM AFFILIATES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS TO AFFILIATES		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: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	102,654,462		102,654,462	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	102,654,462		102,654,462	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	35,662,119		35,662,119	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	0		0	12.02
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)	35,662,119		35,662,119	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	138,316,581		138,316,581	17.00
18.00	Ancillary services	296,874,657	373,419,000	670,293,657	18.00
19.00	Outpatient services	25,608,435	80,693,949	106,302,384	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER INCOME	4,010	3,389,710	3,393,720	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	460,803,683	457,502,659	918,306,342	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		188,080,775		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)		188,080,775		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0080

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

Worksheet G-3

Date/Time Prepared:
11/30/2021 10:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	918,306,342	1.00
2.00	Less contractual allowances and discounts on patients' accounts	754,647,893	2.00
3.00	Net patient revenues (line 1 minus line 2)	163,658,449	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	188,080,775	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-24,422,326	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	17,213,305	24.00
24.01	REFERENCE LAB	0	24.01
24.02	GRANTS	0	24.02
24.04	MISCELLANEOUS REVENUE	0	24.04
24.05	BLUE CROSS BONUS	0	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	0	24.07
24.08	EMS REVENUE	0	24.08
24.09	340 B CONTRACT REVENUE	0	24.09
24.10	NET ASSETS RELEASED	0	24.10
24.11	OTHER (SPECIFY)	0	24.11
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	17,213,305	25.00
26.00	Total (line 5 plus line 25)	-7,209,021	26.00
27.00	CHILD CARE CENTER	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,209,021	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 10:58 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,772,508	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,642	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)		78.72	3.00
4.00	Number of interns & residents (see instructions)		93.49	4.00
5.00	Indirect medical education percentage (see instructions)		39.81	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)		705,635	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,502,785	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

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
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Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis		389,560	2,301,940	0	45,943,609	203.00
204.00		Unit Cost Multiplier		0.000000	0.000000	0	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	0	0	3,545,238	914,912,621	914,912,621	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	136,403,121	0	336,620	879,015	20,823	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	0					10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	65,342	54,830	0	19,978	10,161,747	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0			32.02
43.00	04300	NURSERY	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0			50.02
50.03	05002	WOUND CARE CENTER	0	0	0			50.03
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0			90.01
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	0	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	15,545,373	914,912,621	10,000	0	0	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Intern & Res.		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			I&R	I&R				
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			0			23.00
23.01	02301	RADIOLOGY SCHOOL			0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					0	30.00
31.00	03100	INTENSIVE CARE UNIT					0	31.00
32.02	03202	SURGICAL HEART UNIT					0	32.02
43.00	04300	NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					0	50.00
50.01	05001	AMBULATORY PRE/POST OP					0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES					0	50.02
50.03	05002	WOUND CARE CENTER					0	50.03
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					0	56.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					0	65.00
66.00	06600	PHYSICAL THERAPY					0	66.00
69.00	06900	ELECTROCARDIOLOGY					0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					0	73.00
73.02	07302	INPT RENAL DIALYSIS					0	73.02
76.97	07697	CARDIAC REHABILITATION					0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD					0	90.01
91.00	09100	EMERGENCY					0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Intern & Res.		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			I&R SERVICES-SALAR Y & FRINGES APPRV	I&R SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
			23.00		23.01	24.00		
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
190.01	19001	POB RX					0	190.01
190.02	19002	MOBILE MEDICAL CARE					0	190.02
190.03	19003	ARTHRITIS CENTER					0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.02	19202	OUTREACH TRANSPORTATION					0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER					0	192.03
192.04	19204	WOMENS HEALTH CENTER					0	192.04
192.05	19205	OTHER NRCC					0	192.05
192.06	19206	ASBURY STREET SNF					0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	17,141	17,141	1	0		203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	50.02
50.03	05002	WOUND CARE CENTER	0	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/30/2021 10:58 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	202.00
203.00		Total Statistical Basis		203.00
204.00		Unit Cost Multiplier		204.00