

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: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I-III Date/Time Prepared: 10/29/2021 11:12 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 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 LOUIS A. WEISS MEMORIAL HOSPITAL (14-0082) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 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) ANDREW MCDONALD
 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	-730,082	-508,637	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	46,580	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	-683,502	-508,637	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: 14-0082		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 10/29/2021 11:12 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 4646 NORTH MARINE DRIVE			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60640		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		LOUIS A. WEISS MEMORIAL HOSPITAL	140082	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCH UNIT	14S082	16974	4	06/01/2003	N	P	O	4.00
5.00	Subprovider - IRF		REHABILITATION UNIT	14T082	16974	5	07/01/1996	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						06/01/2020	05/31/2021		20.00	
21.00	Type of Control (see instructions)						4			21.00	
							1.00	2.00			
							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:
10/29/2021 11:12 am

MCRIF32 - 16.12.172.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0082		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 10/29/2021 11:12 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				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	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
							1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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)					3.10	26.26	0.105586	64.00

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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 1.00	XIX 2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	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 1.00	Occupational 2.00	Speech 3.00
				Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00

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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.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	5,564,926	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet S-2 Part II Date/Time Prepared: 10/29/2021 11:12 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	01/15/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	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.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/20/2021	Y	10/20/2021
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)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE
Provider CCN: 14-0082
Period: From 06/01/2020 To 05/31/2021
Worksheet S-2 Part II Date/Time Prepared: 10/29/2021 11:12 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	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TAD	ERICKSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRE REIMBURSEMENT CONSULTING, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(602) 799-2223	TAD@TRERCI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
10/29/2021 11:12 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.	PRESIDENT		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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/29/2021 11:12 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	103	37,595	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)		103	37,595	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
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)		119	43,435	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	11	4,015		0	16.00
17.00 SUBPROVIDER - IRF	41.00	14	5,110		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/29/2021 11:12 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)	6,211	478	18,620			1.00
2.00	HMO and other (see instructions)	3,091	4,917				2.00
3.00	HMO IPF Subprovider	0	151				3.00
4.00	HMO IRF Subprovider	0	528				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,211	478	18,620			7.00
8.00	INTENSIVE CARE UNIT	914	84	2,508			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	7,125	562	21,128	72.86	509.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,299	34	2,713	0.00	25.15	16.00
17.00	SUBPROVIDER - IRF	1,419	165	2,822	0.00	16.36	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				72.86	551.17	27.00
28.00	Observation Bed Days		46	1,394			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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/29/2021 11:12 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	1,346	151	4,536	1.00
2.00 HMO and other (see instructions)			567	967		2.00
3.00 HMO IPF Subprovider				13		3.00
4.00 HMO IRF Subprovider				38		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,346	151	4,536	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	97	3	206	16.00
17.00 SUBPROVIDER - IRF	0.00	0	112	10	222	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
10/29/2021 11:12 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	42,925,168	0	42,925,168	1,146,480.46	37.44
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		836,157	0	836,157	7,449.00	112.25
5.00	Physician and Non Physician-Part B		29,860	0	29,860	233.00	128.15
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	4,256,179	4,256,179	150,856.00	28.21
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)		3,099,672	0	3,099,672	89,129.09	34.78
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,738,861	0	1,738,861	18,713.93	92.92
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		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		6,132,707	0	6,132,707		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		509,992	0	509,992		
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		0	0	0		
22.01	Physician Part A - Teaching		12,236	0	12,236		
23.00	Physician Part B		439	0	439		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		408,215	0	408,215		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
10/29/2021 11:12 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	641,357	0	641,357	10,560.25	60.73	26.00
27.00	Administrative & General	5.00	4,260,375	0	4,260,375	83,605.65	50.96	27.00
28.00	Administrative & General under contract (see inst.)		20,002	0	20,002	200.02	100.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,191,771	0	1,191,771	42,200.64	28.24	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	847,528	0	847,528	49,295.05	17.19	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	759,505	0	759,505	31,998.61	23.74	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	869,595	0	869,595	19,373.22	44.89	38.00
39.00	Central Services and Supply	14.00	222,256	0	222,256	12,384.16	17.95	39.00
40.00	Pharmacy	15.00	1,088,257	0	1,088,257	26,292.41	41.39	40.00
41.00	Medical Records & Medical Records Library	16.00	472,292	0	472,292	9,043.59	52.22	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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
10/29/2021 11:12 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)	42,079,153	-4,256,179	37,822,974	988,142.48	38.28	1.00
2.00	Excluded area salaries (see instructions)	3,099,672	0	3,099,672	89,129.09	34.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,979,481	-4,256,179	34,723,302	899,013.39	38.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,738,861	0	1,738,861	18,713.93	92.92	4.00
5.00	Subtotal wage-related costs (see inst.)	6,132,707	0	6,132,707	0.00	17.66	5.00
6.00	Total (sum of lines 3 thru 5)	46,851,049	-4,256,179	42,594,870	917,727.32	46.41	6.00
7.00	Total overhead cost (see instructions)	10,372,938	0	10,372,938	284,953.60	36.40	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 10/29/2021 11:12 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		543,930	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)		0	8.02
8.03	Health Insurance (Purchased)		2,259,453	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		945,358	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		2,366,779	17.00
18.00	Medicare Taxes - Employers Portion Only		581,744	18.00
19.00	Unemployment Insurance		366,325	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,063,589	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
10/29/2021 11:12 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	1,738,861	7,063,589	1.00
2.00	Hospital	1,738,861	7,063,589	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet S-10 Date/Time Prepared: 10/29/2021 11:12 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)		0.193669		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,075,736		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		8,996,778		5.00
6.00	Medicaid charges		124,180,572		6.00
7.00	Medicaid cost (line 1 times line 6)		24,049,927		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,977,413		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,977,413		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)	5,215,242	4,573	5,219,815	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,010,031	4,573	1,014,604	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)	1,010,031	4,573	1,014,604	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)		7,184,315		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		679,689		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,045,676		27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,138,639		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,554,851		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,569,455		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,546,868		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	2,306,229	2,306,229	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	915,097	915,097	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	641,357	4,982,268	5,623,625	-11,727	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,260,375	27,495,468	31,755,843	-2,518,044	5.00
7.00	00700	OPERATION OF PLANT	1,191,771	5,067,305	6,259,076	-44,874	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	909,927	909,927	-12,298	8.00
9.00	00900	HOUSEKEEPING	847,528	695,537	1,543,065	-20,205	9.00
10.00	01000	DIETARY	759,505	751,553	1,511,058	-14,855	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	869,595	220,616	1,090,211	-650	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	222,256	2,312,798	2,535,054	-307,961	14.00
15.00	01500	PHARMACY	1,088,257	2,938,610	4,026,867	-2,781,809	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	472,292	167,704	639,996	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,978,878	4,978,878	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,364,744	1,307,664	6,672,408	-4,978,986	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,170,314	1,838,216	9,008,530	-332,754	30.00
31.00	03100	INTENSIVE CARE UNIT	2,248,820	1,042,126	3,290,946	-296,786	31.00
40.00	04000	SUBPROVIDER - IPF	1,003,220	530,907	1,534,127	-8,395	40.00
41.00	04100	SUBPROVIDER - IRF	1,117,310	195,183	1,312,493	-13,765	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,962,963	9,338,017	12,300,980	-7,727,945	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	183,978	113,110	297,088	-98,136	50.01
51.00	05100	RECOVERY ROOM	463,442	91,953	555,395	-27,223	51.00
53.00	05300	ANESTHESIOLOGY	15,818	1,824,011	1,839,829	-57,451	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,330,278	1,192,308	2,522,586	-248,809	54.00
54.01	03630	ULTRA SOUND	141,758	23,313	165,071	-1,819	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	238,195	329,488	567,683	-106,589	55.00
56.00	05600	RADIOISOTOPE	132,438	205,193	337,631	-154,963	56.00
56.01	03650	VASCULAR LAB	122,329	329,488	451,817	-13	56.01
56.02	03950	STRAUSS ONCOLOGY	397,640	1,771,222	2,168,862	-1,720,786	56.02
57.00	05700	CT SCAN	330,055	84,276	420,331	-26,089	57.00
58.00	05800	MRI	161,033	47,528	208,561	-36,423	58.00
59.00	05900	CARDIAC CATHETERIZATION	416,607	571,458	988,065	-463,302	59.00
60.00	06000	LABORATORY	1,206,692	1,696,162	2,902,854	-39,348	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	380,698	380,698	0	63.00
65.00	06500	RESPIRATORY THERAPY	771,798	623,547	1,395,345	-125,370	65.00
66.00	06600	PHYSICAL THERAPY	1,697,670	193,064	1,890,734	-2,167	66.00
69.00	06900	ELECTROCARDIOLOGY	544,407	101,023	645,430	-6,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,640	1,848	31,488	653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,036,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,349,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,585,906	73.00
74.00	07400	RENAL DIALYSIS	0	498,261	498,261	-3,145	74.00
76.00	03951	WOUND CARE	169,919	224,893	394,812	-73,957	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	864,571	237,714	1,102,285	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	777,847	807,638	1,585,485	-582,808	90.00
91.00	09100	EMERGENCY	1,723,604	1,215,933	2,939,537	-291,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,946,026	72,358,028	114,304,054	35,427	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	583,123	-273,872	309,251	-17,664	192.00
194.00	07950	MARKETING	396,019	146,907	542,926	-193	194.00
194.01	07951	HOSPICE	0	20,327	20,327	-17,570	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	194.02
194.03	07953	VACANT AREA	0	0	0	0	194.03
194.04	07954	LAKEFRONT	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	42,925,168	72,251,390	115,176,558	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/29/2021 11:12 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	0	2,306,229	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	915,097	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,611,898	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	435,318	29,673,117	5.00
7.00	00700	OPERATION OF PLANT	-640,652	5,573,550	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	897,629	8.00
9.00	00900	HOUSEKEEPING	-28,194	1,494,666	9.00
10.00	01000	DIETARY	-176,053	1,320,150	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-18,827	1,070,734	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-35,514	2,191,579	14.00
15.00	01500	PHARMACY	-18,103	1,226,955	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	639,996	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,978,878	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,000	1,694,422	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-33,396	8,642,380	30.00
31.00	03100	INTENSIVE CARE UNIT	-208,387	2,785,773	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,525,732	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,298,728	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-307,218	4,265,817	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	-14,166	184,786	50.01
51.00	05100	RECOVERY ROOM	0	528,172	51.00
53.00	05300	ANESTHESIOLOGY	0	1,782,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-278,021	1,995,756	54.00
54.01	03630	ULTRA SOUND	-2,250	161,002	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-15,450	445,644	55.00
56.00	05600	RADIOISOTOPE	0	182,668	56.00
56.01	03650	VASCULAR LAB	-318,750	133,054	56.01
56.02	03950	STRAUSS ONCOLOGY	-31,645	416,431	56.02
57.00	05700	CT SCAN	0	394,242	57.00
58.00	05800	MRI	0	172,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	-10,094	514,669	59.00
60.00	06000	LABORATORY	-20,085	2,843,421	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	380,698	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,269,975	65.00
66.00	06600	PHYSICAL THERAPY	-58,630	1,829,937	66.00
69.00	06900	ELECTROCARDIOLOGY	-40,769	598,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,141	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,036,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,349,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,585,906	73.00
74.00	07400	RENAL DIALYSIS	0	495,116	74.00
76.00	03951	WOUND CARE	-33,150	287,705	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,102,285	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-71,924	930,753	90.00
91.00	09100	EMERGENCY	-21,764	2,626,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,946,724	112,392,757	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	291,587	192.00
194.00	07950	MARKETING	0	542,733	194.00
194.01	07951	HOSPICE	0	2,757	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	194.02
194.03	07953	VACANT AREA	0	0	194.03
194.04	07954	LAKEFRONT	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,946,724	113,229,834	200.00

RECLASSIFICATIONS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/29/2021 11:12 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	374,276		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	888,053		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
	TOTALS		0	1,262,329		
	B - CAPITAL LEASE INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,841		1.00
	TOTALS		0	4,841		
	C - CAPITAL PROPERTY TAX COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,651,239		1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	0	48,511		2.00
	TOTALS		0	1,699,750		
	D - CAPITAL PROPERTY INSURANCE COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	280,714		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	22,203		2.00
	TOTALS		0	302,917		
	E - CHARGEABLE PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,585,906		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	5,585,906		
	F - CHARGEABLE MEDICAL SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,036,540		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	653		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

RECLASSIFICATIONS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	4,037,193		
G - LAUNDRY & LINEN COSTS						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,710		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
TOTALS			0	4,710		
H - CHARGEABLE IMPLAN & DEVICE COSTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,349,294		1.00
2.00	GASTRO INTESTINAL SERVICES	50.01	0	20		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
TOTALS			0	5,349,314		
I - INTERN & RESIDENT SALARIES & BENEFIT						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	4,256,179	722,699		1.00
TOTALS			4,256,179	722,699		
500.00	Grand Total: Increases		4,256,179	18,969,659		500.00

RECLASSIFICATIONS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet 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		
	A - CAPITAL RENTAL COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	175,430	10		1.00
2.00	OPERATION OF PLANT	7.00	0	40,072	10		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	9,434	0		3.00
4.00	HOUSEKEEPING	9.00	0	9,686	0		4.00
5.00	DIETARY	10.00	0	7,081	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	650	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	166,560	0		7.00
8.00	PHARMACY	15.00	0	25,264	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	78,600	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	68,612	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	2,150	0		11.00
12.00	OPERATING ROOM	50.00	0	269,033	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	802	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,526	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	105,513	0		15.00
16.00	STRAUSS ONCOLOGY	56.02	0	143,976	0		16.00
17.00	MRI	58.00	0	34,000	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	63,493	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	290	0		19.00
20.00	CLINIC	90.00	0	330	0		20.00
21.00	EMERGENCY	91.00	0	2,640	0		21.00
22.00	PHYSICIANS PRIVATE OFFICES	192.00	0	53,994	0		22.00
23.00	MARKETING	194.00	0	193	0		23.00
	TOTALS		0	1,262,329			
	B - CAPITAL LEASE INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,841	11		1.00
	TOTALS		0	4,841			
	C - CAPITAL PROPERTY TAX COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,675,314	13		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,436	0		2.00
	TOTALS		0	1,699,750			
	D - CAPITAL PROPERTY INSURANCE COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	302,917	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	302,917			
	E - CHARGEABLE PHARMACEUTICALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,615	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	309,895	0		2.00
3.00	DIETARY	10.00	0	5,506	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	810	0		4.00
5.00	PHARMACY	15.00	0	2,754,423	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	54,007	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	37,194	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	84	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	1,089	0		9.00
10.00	OPERATING ROOM	50.00	0	130,714	0		10.00
11.00	GASTRO INTESTINAL SERVICES	50.01	0	12,954	0		11.00
12.00	RECOVERY ROOM	51.00	0	5,147	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	18,050	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,046	0		14.00
15.00	RADIOISOTOPE	56.00	0	9,038	0		15.00
16.00	STRAUSS ONCOLOGY	56.02	0	1,565,184	0		16.00
17.00	CT SCAN	57.00	0	7,794	0		17.00
18.00	MRI	58.00	0	1,171	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,357	0		19.00
20.00	LABORATORY	60.00	0	470	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	2,418	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	51	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	657	0		23.00
24.00	RENAL DIALYSIS	74.00	0	2,885	0		24.00
25.00	WOUND CARE	76.00	0	6,704	0		25.00
26.00	CLINIC	90.00	0	579,716	0		26.00
27.00	EMERGENCY	91.00	0	49,705	0		27.00
28.00	PHYSICIANS PRIVATE OFFICES	192.00	0	9,222	0		28.00
	TOTALS		0	5,585,906			
	F - CHARGEABLE MEDICAL SUPPLY COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	112	0		1.00
2.00	OPERATION OF PLANT	7.00	0	4,802	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	49,647	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	7,574	0		4.00
5.00	HOUSEKEEPING	9.00	0	9,158	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	113,253	0		6.00
7.00	PHARMACY	15.00	0	2,122	0		7.00

RECLASSIFICATIONS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	108	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	199,555	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	167,570	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	8,040	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	10,526	0		12.00
13.00	OPERATING ROOM	50.00	0	2,590,671	0		13.00
14.00	GASTRO INTESTINAL SERVICES	50.01	0	85,202	0		14.00
15.00	RECOVERY ROOM	51.00	0	22,076	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	37,290	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	115,708	0		17.00
18.00	ULTRA SOUND	54.01	0	1,819	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,076	0		19.00
20.00	RADIOISOTOPE	56.00	0	145,925	0		20.00
21.00	VASCULAR LAB	56.01	0	13	0		21.00
22.00	STRAUSS ONCOLOGY	56.02	0	11,626	0		22.00
23.00	CT SCAN	57.00	0	18,295	0		23.00
24.00	MRI	58.00	0	1,252	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	53,349	0		25.00
26.00	LABORATORY	60.00	0	38,878	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	59,459	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	1,826	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	5,730	0		29.00
30.00	RENAL DIALYSIS	74.00	0	260	0		30.00
31.00	WOUND CARE	76.00	0	26,339	0		31.00
32.00	CLINIC	90.00	0	2,762	0		32.00
33.00	EMERGENCY	91.00	0	236,678	0		33.00
34.00	PHYSICIANS PRIVATE OFFICES	192.00	0	2,959	0		34.00
35.00	HOSPICE	194.01	0	5,533	0		35.00
TOTALS			0	4,037,193			
G - LAUNDRY & LINEN COSTS							
1.00	HOUSEKEEPING	9.00	0	1,361	0		1.00
2.00	DIETARY	10.00	0	2,268	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	186	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	271	0		4.00
5.00	OPERATING ROOM	50.00	0	128	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	108	0		6.00
7.00	EMERGENCY	91.00	0	388	0		7.00
TOTALS			0	4,710			
H - CHARGEABLE IMPLAN & DEVICE COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,902	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	406	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	23,410	0		3.00
4.00	OPERATING ROOM	50.00	0	4,737,399	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	1,201	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,529	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	407,596	0		7.00
8.00	WOUND CARE	76.00	0	40,914	0		8.00
9.00	EMERGENCY	91.00	0	1,920	0		9.00
10.00	HOSPICE	194.01	0	12,037	0		10.00
TOTALS			0	5,349,314			
I - INTERN & RESIDENT SALARIES & BENEFIT							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	4,256,179	722,699	0		1.00
TOTALS			4,256,179	722,699			
500.00	Grand Total: Decreases		4,256,179	18,969,659			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet A-7
Part I
Date/Time Prepared:
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		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	0	0	0	0	0	1.00	
2.00	Land Improvements	174,294	0	0	0	0	2.00	
3.00	Buildings and Fixtures	6,456,819	0	0	0	1,834,713	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	41,493	113,828	0	113,828	0	5.00	
6.00	Movable Equipment	6,235,711	3,106,813	0	3,106,813	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	12,908,317	3,220,641	0	3,220,641	1,834,713	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	12,908,317	3,220,641	0	3,220,641	1,834,713	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0					1.00
2.00	Land Improvements	174,294	0					2.00
3.00	Buildings and Fixtures	4,622,106	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	155,321	0					5.00
6.00	Movable Equipment	9,342,524	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	14,294,245	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	14,294,245	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet A-7
Part II
Date/Time Prepared:
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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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet A-7
Part III
Date/Time Prepared:
10/29/2021 11:12 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	4,796,400	0	4,796,400	0.335548	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,497,845	0	9,497,845	0.664452	0	2.00
3.00	Total (sum of lines 1-2)	14,294,245	0	14,294,245	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	0	374,276	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	888,053	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	1,262,329	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	280,714	1,651,239	0	2,306,229	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,841	22,203	0	0	915,097	2.00
3.00	Total (sum of lines 1-2)	4,841	302,917	1,651,239	0	3,221,326	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
10/29/2021 11:12 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				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)	B	-22,469	ADMINISTRATIVE & GENERAL	5.00	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)	B	-12,272	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-48,512	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-6,728	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-251,331	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,742,727			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-168,098	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** 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	OTHER REVENUE	B	-40,156	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
10/29/2021 11:12 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	
33.01	PHARMACY REBATES/REFUNDS	B	-12,457	PHARMACY	15.00	0	33.01
33.02	SURGERY REBATES/REFUNDS	B	1,922	OPERATING ROOM	50.00	0	33.02
33.03	RENTAL INCOME	B	-34,383	ELECTROCARDIOLOGY	69.00	0	33.03
33.04	DONATIONS & CONTRIBUTIONS	A	1,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.04
33.05	NON-ALLOWABLE MARKETING	A	-29,747	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NON-ALLOWABLE MEALS & ENTERTAINMENT	A	-2,907	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	NON-ALLOWABLE PENALTY COSTS	A	-5,959	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	NON-ALLOWABLE PENALTY COSTS	A	-7,860	OPERATION OF PLANT	7.00	0	33.08
33.09	NON-ALLOWABLE PENALTY COSTS	A	-23,242	CENTRAL SERVICES & SUPPLY	14.00	0	33.09
33.10	NON-ALLOWABLE PENALTY COSTS	A	-2,091	PHARMACY	15.00	0	33.10
33.11	NON-ALLOWABLE SALES TAX	A	-2,471	DIETARY	10.00	0	33.11
33.12	NON-ALLOWABLE LOBBYING COSTS	A	-46,756	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	NON-ALLOWABLE LEGAL COSTS	A	-38,701	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON-ALLOWABLE PATIENT TRANSPORTATION	A	-61,275	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	NON-ALLOWABLE VALET PARKING COSTS	A	-372,539	OPERATION OF PLANT	7.00	0	33.15
33.16	NON-ALLOWABLE ADVERTISING	A	-24,400	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	PY RENTAL CREDIT	A	879,357	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	PATIENT BAD DEBT CREDIT	A	128,078	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,946,724				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8-2

Date/Time Prepared:
10/29/2021 11:12 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	ADMINISTRATIVE & GENERAL	251,235	251,235	0	211,500	0	1.00
2.00	7.00	OPERATION OF PLANT	2,194	2,194	0	211,500	0	2.00
3.00	9.00	HOUSEKEEPING	28,194	28,194	0	211,500	0	3.00
4.00	10.00	DIETARY	5,484	5,484	0	211,500	0	4.00
5.00	13.00	NURSING ADMINISTRATION	18,827	18,827	0	211,500	0	5.00
6.00	15.00	PHARMACY	3,555	3,555	0	211,500	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	33,396	33,396	0	211,500	0	7.00
8.00	31.00	INTENSIVE CARE UNIT	208,387	208,387	0	211,500	0	8.00
9.00	50.00	OPERATING ROOM	309,140	309,140	0	211,500	0	9.00
10.00	50.01	GASTRO INTESTINAL SERVICES	14,166	14,166	0	211,500	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	278,021	278,021	0	271,900	0	11.00
12.00	54.01	ULTRA SOUND	2,250	2,250	0	271,900	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	15,450	15,450	0	271,900	0	13.00
14.00	56.01	VASCULAR LAB	318,750	318,750	0	271,900	0	14.00
15.00	56.02	STRAUSS ONCOLOGY	31,645	31,645	0	211,500	0	15.00
16.00	59.00	CARDIAC CATHETERIZATION	10,094	10,094	0	211,500	0	16.00
17.00	60.00	LABORATORY	20,085	20,085	0	260,300	0	17.00
18.00	66.00	PHYSICAL THERAPY	58,630	58,630	0	211,500	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	6,386	6,386	0	211,500	0	19.00
20.00	76.00	WOUND CARE	33,150	33,150	0	211,500	0	20.00
21.00	90.00	CLINIC	71,924	71,924	0	179,000	0	21.00
22.00	91.00	EMERGENCY	21,764	21,764	0	211,500	0	22.00
23.00	0.00		0	0	0	211,500	0	23.00
200.00			1,742,727	1,742,727	0		0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8-2

Date/Time Prepared:
10/29/2021 11:12 am

	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	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	7.00	OPERATION OF PLANT	0	0	0	0	0	2.00
3.00	9.00	HOUSEKEEPING	0	0	0	0	0	3.00
4.00	10.00	DIETARY	0	0	0	0	0	4.00
5.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	5.00
6.00	15.00	PHARMACY	0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	54.01	ULTRA SOUND	0	0	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	13.00
14.00	56.01	VASCULAR LAB	0	0	0	0	0	14.00
15.00	56.02	STRAUSS ONCOLOGY	0	0	0	0	0	15.00
16.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	16.00
17.00	60.00	LABORATORY	0	0	0	0	0	17.00
18.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	19.00
20.00	76.00	WOUND CARE	0	0	0	0	0	20.00
21.00	90.00	CLINIC	0	0	0	0	0	21.00
22.00	91.00	EMERGENCY	0	0	0	0	0	22.00
23.00	0.00		0	0	0	0	0	23.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8-2

Date/Time Prepared:
10/29/2021 11:12 am

	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	ADMINISTRATIVE & GENERAL	0	0	0	251,235		1.00
2.00	7.00	OPERATION OF PLANT	0	0	0	2,194		2.00
3.00	9.00	HOUSEKEEPING	0	0	0	28,194		3.00
4.00	10.00	DIETARY	0	0	0	5,484		4.00
5.00	13.00	NURSING ADMINISTRATION	0	0	0	18,827		5.00
6.00	15.00	PHARMACY	0	0	0	3,555		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	33,396		7.00
8.00	31.00	INTENSIVE CARE UNIT	0	0	0	208,387		8.00
9.00	50.00	OPERATING ROOM	0	0	0	309,140		9.00
10.00	50.01	GASTRO INTESTINAL SERVICES	0	0	0	14,166		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	278,021		11.00
12.00	54.01	ULTRA SOUND	0	0	0	2,250		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	15,450		13.00
14.00	56.01	VASCULAR LAB	0	0	0	318,750		14.00
15.00	56.02	STRAUSS ONCOLOGY	0	0	0	31,645		15.00
16.00	59.00	CARDIAC CATHETERIZATION	0	0	0	10,094		16.00
17.00	60.00	LABORATORY	0	0	0	20,085		17.00
18.00	66.00	PHYSICAL THERAPY	0	0	0	58,630		18.00
19.00	69.00	ELECTROCARDIOLOGY	0	0	0	6,386		19.00
20.00	76.00	WOUND CARE	0	0	0	33,150		20.00
21.00	90.00	CLINIC	0	0	0	71,924		21.00
22.00	91.00	EMERGENCY	0	0	0	21,764		22.00
23.00	0.00		0	0	0	0		23.00
200.00			0	0	0	1,742,727		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,306,229	2,306,229			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	915,097		915,097		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,611,898	18,673	7,587	5,638,158	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,673,117	256,218	104,103	568,083	5.00
7.00	00700	OPERATION OF PLANT	5,573,550	318,643	129,466	158,912	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	897,629	18,607	7,560	0	8.00
9.00	00900	HOUSEKEEPING	1,494,666	20,020	8,134	113,010	9.00
10.00	01000	DIETARY	1,320,150	42,325	17,197	101,273	10.00
11.00	01100	CAFETERIA	0	21,308	8,658	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,070,734	2,312	939	115,953	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,191,579	22,319	9,068	29,636	14.00
15.00	01500	PHARMACY	1,226,955	8,025	3,261	145,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	639,996	17,556	7,133	62,976	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,978,878	0	0	567,523	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,694,422	66,943	27,199	147,817	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,642,380	367,666	149,384	956,090	30.00
31.00	03100	INTENSIVE CARE UNIT	2,785,773	77,577	31,520	299,860	31.00
40.00	04000	SUBPROVIDER - IPF	1,525,732	33,461	13,596	133,770	40.00
41.00	04100	SUBPROVIDER - IRF	1,298,728	64,836	26,343	148,983	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,265,817	182,466	74,137	395,084	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	184,786	23,692	9,626	24,532	50.01
51.00	05100	RECOVERY ROOM	528,172	22,193	9,017	61,796	51.00
53.00	05300	ANESTHESIOLOGY	1,782,378	2,609	1,060	2,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,995,756	78,317	31,820	177,381	54.00
54.01	03630	ULTRA SOUND	161,002	1,129	459	18,902	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	445,644	24,313	9,879	31,761	55.00
56.00	05600	RADIOISOTOPE	182,668	19,663	7,989	17,659	56.00
56.01	03650	VASCULAR LAB	133,054	0	0	16,311	56.01
56.02	03950	STRAUSS ONCOLOGY	416,431	0	0	53,022	56.02
57.00	05700	CT SCAN	394,242	5,938	2,413	44,810	57.00
58.00	05800	MRI	172,138	6,777	2,753	21,472	58.00
59.00	05900	CARDIAC CATHETERIZATION	514,669	10,145	4,122	55,551	59.00
60.00	06000	LABORATORY	2,843,421	30,265	12,297	160,902	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	380,698	1,447	588	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,269,975	6,896	2,802	102,912	65.00
66.00	06600	PHYSICAL THERAPY	1,829,937	23,653	9,610	226,369	66.00
69.00	06900	ELECTROCARDIOLOGY	598,274	47,398	19,258	72,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,141	661	268	3,952	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,036,540	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,349,294	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,585,906	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	495,116	0	0	0	74.00
76.00	03951	WOUND CARE	287,705	17,530	7,122	22,657	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,102,285	0	0	115,283	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	930,753	45,152	18,346	103,719	90.00
91.00	09100	EMERGENCY	2,626,442	78,277	31,804	229,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,392,757	1,985,010	806,518	5,507,598	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	291,587	239,078	97,138	77,754	192.00
194.00	07950	MARKETING	542,733	2,048	832	52,806	194.00
194.01	07951	HOSPICE	2,757	13,831	5,620	0	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	194.02
194.03	07953	VACANT AREA	0	53,983	0	0	194.03
194.04	07954	LAKEFRONT	0	12,279	4,989	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	113,229,834	2,306,229	915,097	5,638,158	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,601,521					5.00
7.00	00700	OPERATION OF PLANT	2,288,987	8,469,558				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	342,130	92,012	1,357,938			8.00
9.00	00900	HOUSEKEEPING	605,833	99,002	16,213	2,356,878		9.00
10.00	01000	DIETARY	548,471	209,306	0	61,575	2,300,297	10.00
11.00	01100	CAFETERIA	11,098	105,372	0	30,999	1,227,763	11.00
13.00	01300	NURSING ADMINISTRATION	440,696	11,432	0	3,363	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	834,256	110,369	43,536	32,469	0	14.00
15.00	01500	PHARMACY	512,326	39,686	0	11,675	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	269,491	86,819	0	25,541	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,054,121	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	717,143	331,042	0	97,387	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,746,260	1,818,172	583,366	534,876	424,206	30.00
31.00	03100	INTENSIVE CARE UNIT	1,183,175	383,630	175,583	112,858	57,138	31.00
40.00	04000	SUBPROVIDER - IPF	632,028	165,472	51,637	48,679	61,807	40.00
41.00	04100	SUBPROVIDER - IRF	569,931	320,623	63,525	94,322	64,295	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,821,207	902,323	6,186	265,449	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	89,861	117,163	0	34,468	0	50.01
51.00	05100	RECOVERY ROOM	230,055	109,749	0	32,286	0	51.00
53.00	05300	ANESTHESIOLOGY	662,247	12,902	0	3,796	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	845,615	387,289	48,907	113,934	0	54.00
54.01	03630	ULTRA SOUND	67,216	5,585	0	1,643	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	189,471	120,234	5,727	35,371	0	55.00
56.00	05600	RADIOISOTOPE	84,432	97,239	9,152	28,606	0	56.00
56.01	03650	VASCULAR LAB	55,318	0	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY	173,863	0	13,718	0	0	56.02
57.00	05700	CT SCAN	165,697	29,364	48,503	8,638	0	57.00
58.00	05800	MRI	75,233	33,513	0	9,859	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	216,466	50,171	8,034	14,759	0	59.00
60.00	06000	LABORATORY	1,128,420	149,663	0	44,028	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	141,746	7,153	0	2,104	0	63.00
65.00	06500	RESPIRATORY THERAPY	512,043	34,100	0	10,032	0	65.00
66.00	06600	PHYSICAL THERAPY	773,876	116,967	29,016	34,410	0	66.00
69.00	06900	ELECTROCARDIOLOGY	273,143	234,392	1,295	68,954	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	3,266	0	961	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,494,941	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,981,122	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,068,751	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	183,367	0	0	0	0	74.00
76.00	03951	WOUND CARE	124,073	86,688	0	25,502	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	450,929	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	406,635	223,286	38,906	65,687	0	90.00
91.00	09100	EMERGENCY	1,098,594	387,093	213,018	113,876	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,083,978	6,881,077	1,356,322	1,968,107	1,835,209	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	261,304	1,182,280	1,173	347,808	419,096	192.00
194.00	07950	MARKETING	221,626	10,126	0	2,979	0	194.00
194.01	07951	HOSPICE	8,225	68,397	0	20,121	42,263	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	3,729	194.02
194.03	07953	VACANT AREA	19,993	266,957	0	0	0	194.03
194.04	07954	LAKEFRONT	6,395	60,721	443	17,863	0	194.04
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)	30,601,521	8,469,558	1,357,938	2,356,878	2,300,297	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,405,198					11.00
13.00	01300	NURSING ADMINISTRATION	29,416	1,674,845				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,800	0	3,292,032			14.00
15.00	01500	PHARMACY	38,421	0	0	1,985,458		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,744	0	0	0	1,123,256	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	229,165	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,907	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	306,703	712,113	0	0	87,242	30.00
31.00	03100	INTENSIVE CARE UNIT	79,464	266,698	0	0	27,192	31.00
40.00	04000	SUBPROVIDER - IPF	51,691	78,328	0	0	7,648	40.00
41.00	04100	SUBPROVIDER - IRF	42,528	122,368	0	0	10,022	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,086	146,730	0	0	143,473	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	4,423	5,724	0	0	8,971	50.01
51.00	05100	RECOVERY ROOM	12,575	47,900	0	0	20,271	51.00
53.00	05300	ANESTHESIOLOGY	853	48	0	0	23,999	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,778	19,690	0	0	30,506	54.00
54.01	03630	ULTRA SOUND	4,518	240	0	0	6,195	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,077	6,601	0	0	10,134	55.00
56.00	05600	RADIOISOTOPE	3,918	78	0	0	8,724	56.00
56.01	03650	VASCULAR LAB	4,550	451	0	0	7,298	56.01
56.02	03950	STRAUSS ONCOLOGY	18,578	26,129	0	0	7,654	56.02
57.00	05700	CT SCAN	12,354	932	0	0	87,928	57.00
58.00	05800	MRI	5,656	234	0	0	9,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,269	2,333	0	0	37,631	59.00
60.00	06000	LABORATORY	64,456	1,154	0	0	139,288	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	7,197	63.00
65.00	06500	RESPIRATORY THERAPY	31,122	409	0	0	13,514	65.00
66.00	06600	PHYSICAL THERAPY	62,023	800	0	0	45,644	66.00
69.00	06900	ELECTROCARDIOLOGY	17,883	2,128	0	0	25,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	240	0	0	662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,415,796	0	47,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,876,236	0	44,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,985,458	155,789	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	958	74.00
76.00	03951	WOUND CARE	6,035	12,674	0	0	3,101	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	95	0	0	0	5,440	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,207	28,883	0	0	4,740	90.00
91.00	09100	EMERGENCY	70,901	173,965	0	0	95,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,364,060	1,656,850	3,292,032	1,985,458	1,123,256	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,048	17,971	0	0	0	192.00
194.00	07950	MARKETING	11,090	24	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.02
194.03	07953	VACANT AREA	0	0	0	0	0	194.03
194.04	07954	LAKEFRONT	0	0	0	0	0	194.04
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)	1,405,198	1,674,845	3,292,032	1,985,458	1,123,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,829,687					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		3,104,860				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,963,808	2,364,946	26,657,212	-8,328,754	18,328,458	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,480,468	0	5,480,468	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,803,849	0	2,803,849	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,826,504	0	2,826,504	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,865,879	739,914	10,910,751	-2,605,793	8,304,958	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	503,246	0	503,246	50.01
51.00	05100	RECOVERY ROOM	0	0	1,074,014	0	1,074,014	51.00
53.00	05300	ANESTHESIOLOGY	0	0	2,492,001	0	2,492,001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,785,993	0	3,785,993	54.00
54.01	03630	ULTRA SOUND	0	0	266,889	0	266,889	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	886,212	0	886,212	55.00
56.00	05600	RADIOISOTOPE	0	0	460,128	0	460,128	56.00
56.01	03650	VASCULAR LAB	0	0	216,982	0	216,982	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	709,395	0	709,395	56.02
57.00	05700	CT SCAN	0	0	800,819	0	800,819	57.00
58.00	05800	MRI	0	0	336,870	0	336,870	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	924,150	0	924,150	59.00
60.00	06000	LABORATORY	0	0	4,573,894	0	4,573,894	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	540,933	0	540,933	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,983,805	0	1,983,805	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,152,305	0	3,152,305	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,360,768	0	1,360,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	57,726	0	57,726	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,994,370	0	6,994,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,250,963	0	9,250,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,795,904	0	9,795,904	73.00
74.00	07400	RENAL DIALYSIS	0	0	679,441	0	679,441	74.00
76.00	03951	WOUND CARE	0	0	593,087	0	593,087	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,674,032	0	1,674,032	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,899,314	0	1,899,314	90.00
91.00	09100	EMERGENCY	0	0	5,119,742	0	5,119,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,829,687	3,104,860	108,811,767	-10,934,547	97,877,220	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	2,965,237	0	2,965,237	192.00
194.00	07950	MARKETING	0	0	844,264	0	844,264	194.00
194.01	07951	HOSPICE	0	0	161,214	0	161,214	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	3,729	0	3,729	194.02
194.03	07953	VACANT AREA	0	0	340,933	0	340,933	194.03
194.04	07954	LAKEFRONT	0	0	102,690	0	102,690	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,829,687	3,104,860	113,229,834	-10,934,547	102,295,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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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	18,673	7,587	26,260	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	256,218	104,103	360,321	5.00
7.00	00700	OPERATION OF PLANT	0	318,643	129,466	448,109	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,607	7,560	26,167	8.00
9.00	00900	HOUSEKEEPING	0	20,020	8,134	28,154	9.00
10.00	01000	DIETARY	0	42,325	17,197	59,522	10.00
11.00	01100	CAFETERIA	0	21,308	8,658	29,966	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,312	939	3,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,319	9,068	31,387	14.00
15.00	01500	PHARMACY	0	8,025	3,261	11,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,556	7,133	24,689	16.00
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	66,943	27,199	94,142	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	367,666	149,384	517,050	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77,577	31,520	109,097	31.00
40.00	04000	SUBPROVIDER - IPF	0	33,461	13,596	47,057	40.00
41.00	04100	SUBPROVIDER - IRF	0	64,836	26,343	91,179	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	182,466	74,137	256,603	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	23,692	9,626	33,318	50.01
51.00	05100	RECOVERY ROOM	0	22,193	9,017	31,210	51.00
53.00	05300	ANESTHESIOLOGY	0	2,609	1,060	3,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,317	31,820	110,137	54.00
54.01	03630	ULTRA SOUND	0	1,129	459	1,588	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	24,313	9,879	34,192	55.00
56.00	05600	RADIOISOTOPE	0	19,663	7,989	27,652	56.00
56.01	03650	VASCULAR LAB	0	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	0	0	56.02
57.00	05700	CT SCAN	0	5,938	2,413	8,351	57.00
58.00	05800	MRI	0	6,777	2,753	9,530	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,145	4,122	14,267	59.00
60.00	06000	LABORATORY	0	30,265	12,297	42,562	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,447	588	2,035	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,896	2,802	9,698	65.00
66.00	06600	PHYSICAL THERAPY	0	23,653	9,610	33,263	66.00
69.00	06900	ELECTROCARDIOLOGY	0	47,398	19,258	66,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	661	268	929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	WOUND CARE	0	17,530	7,122	24,652	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	45,152	18,346	63,498	90.00
91.00	09100	EMERGENCY	0	78,277	31,804	110,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,985,010	806,518	2,791,528	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	239,078	97,138	336,216	192.00
194.00	07950	MARKETING	0	2,048	832	2,880	194.00
194.01	07951	HOSPICE	0	13,831	5,620	19,451	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	194.02
194.03	07953	VACANT AREA	0	53,983	0	53,983	194.03
194.04	07954	LAKEFRONT	0	12,279	4,989	17,268	194.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,306,229	915,097	3,221,326	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0082

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	362,967					5.00
7.00	00700	OPERATION OF PLANT	27,151	476,000				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,058	5,171	35,396			8.00
9.00	00900	HOUSEKEEPING	7,186	5,564	423	41,853		9.00
10.00	01000	DIETARY	6,506	11,763	0	1,093	79,356	10.00
11.00	01100	CAFETERIA	132	5,922	0	550	42,356	11.00
13.00	01300	NURSING ADMINISTRATION	5,227	643	0	60	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,896	6,203	1,135	577	0	14.00
15.00	01500	PHARMACY	6,077	2,230	0	207	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,197	4,879	0	454	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	24,365	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,507	18,605	0	1,729	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,419	102,184	15,204	9,503	14,634	30.00
31.00	03100	INTENSIVE CARE UNIT	14,034	21,561	4,577	2,004	1,971	31.00
40.00	04000	SUBPROVIDER - IPF	7,497	9,300	1,346	864	2,132	40.00
41.00	04100	SUBPROVIDER - IRF	6,760	18,019	1,656	1,675	2,218	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,603	50,712	161	4,714	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	1,066	6,585	0	612	0	50.01
51.00	05100	RECOVERY ROOM	2,729	6,168	0	573	0	51.00
53.00	05300	ANESTHESIOLOGY	7,855	725	0	67	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,030	21,766	1,275	2,023	0	54.00
54.01	03630	ULTRA SOUND	797	314	0	29	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,247	6,757	149	628	0	55.00
56.00	05600	RADIOISOTOPE	1,002	5,465	239	508	0	56.00
56.01	03650	VASCULAR LAB	656	0	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY	2,062	0	358	0	0	56.02
57.00	05700	CT SCAN	1,965	1,650	1,264	153	0	57.00
58.00	05800	MRI	892	1,883	0	175	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,568	2,820	209	262	0	59.00
60.00	06000	LABORATORY	13,385	8,411	0	782	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,681	402	0	37	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,074	1,916	0	178	0	65.00
66.00	06600	PHYSICAL THERAPY	9,179	6,574	756	611	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,240	13,173	34	1,224	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163	184	0	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,733	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,499	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,539	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,175	0	0	0	0	74.00
76.00	03951	WOUND CARE	1,472	4,872	0	453	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,349	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,823	12,549	1,014	1,166	0	90.00
91.00	09100	EMERGENCY	13,031	21,755	5,553	2,022	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	356,827	386,725	35,353	34,950	63,311	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,100	66,446	31	6,176	14,458	192.00
194.00	07950	MARKETING	2,629	569	0	53	0	194.00
194.01	07951	HOSPICE	98	3,844	0	357	1,458	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	129	194.02
194.03	07953	VACANT AREA	237	15,003	0	0	0	194.03
194.04	07954	LAKEFRONT	76	3,413	12	317	0	194.04
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)	362,967	476,000	35,396	41,853	79,356	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0082

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	78,926					11.00
13.00	01300	NURSING ADMINISTRATION	1,652	11,373				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,056	0	50,392			14.00
15.00	01500	PHARMACY	2,158	0	0	22,634		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	772	0	0	0	34,284	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	12,872	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,287	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,226	4,836	0	0	2,669	30.00
31.00	03100	INTENSIVE CARE UNIT	4,463	1,811	0	0	832	31.00
40.00	04000	SUBPROVIDER - IPF	2,903	532	0	0	234	40.00
41.00	04100	SUBPROVIDER - IRF	2,389	831	0	0	307	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,734	996	0	0	4,389	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	248	39	0	0	274	50.01
51.00	05100	RECOVERY ROOM	706	325	0	0	620	51.00
53.00	05300	ANESTHESIOLOGY	48	0	0	0	734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,189	134	0	0	933	54.00
54.01	03630	ULTRA SOUND	254	2	0	0	189	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	398	45	0	0	310	55.00
56.00	05600	RADIOISOTOPE	220	1	0	0	267	56.00
56.01	03650	VASCULAR LAB	256	3	0	0	223	56.01
56.02	03950	STRAUSS ONCOLOGY	1,043	177	0	0	234	56.02
57.00	05700	CT SCAN	694	6	0	0	2,690	57.00
58.00	05800	MRI	318	2	0	0	282	58.00
59.00	05900	CARDIAC CATHETERIZATION	577	16	0	0	1,151	59.00
60.00	06000	LABORATORY	3,620	8	0	0	4,261	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	220	63.00
65.00	06500	RESPIRATORY THERAPY	1,748	3	0	0	413	65.00
66.00	06600	PHYSICAL THERAPY	3,484	5	0	0	1,396	66.00
69.00	06900	ELECTROCARDIOLOGY	1,004	14	0	0	779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105	2	0	0	20	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	21,672	0	1,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,720	0	1,355	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,634	4,691	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	29	74.00
76.00	03951	WOUND CARE	339	86	0	0	95	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5	0	0	0	166	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,865	196	0	0	145	90.00
91.00	09100	EMERGENCY	3,982	1,181	0	0	2,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,615	11,251	50,392	22,634	34,284	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,688	122	0	0	0	192.00
194.00	07950	MARKETING	623	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.02
194.03	07953	VACANT AREA	0	0	0	0	0	194.03
194.04	07954	LAKEFRONT	0	0	0	0	0	194.04
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)	78,926	11,373	50,392	22,634	34,284	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0082

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	39,880					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		124,958				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			732,180	0	732,180	30.00
31.00	03100	INTENSIVE CARE UNIT			161,747	0	161,747	31.00
40.00	04000	SUBPROVIDER - IPF			72,488	0	72,488	40.00
41.00	04100	SUBPROVIDER - IRF			125,728	0	125,728	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			346,752	0	346,752	50.00
50.01	03340	GASTRO INTESTINAL SERVICES			42,256	0	42,256	50.01
51.00	05100	RECOVERY ROOM			42,619	0	42,619	51.00
53.00	05300	ANESTHESIOLOGY			13,108	0	13,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			150,313	0	150,313	54.00
54.01	03630	ULTRA SOUND			3,261	0	3,261	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			44,874	0	44,874	55.00
56.00	05600	RADIOISOTOPE			35,436	0	35,436	56.00
56.01	03650	VASCULAR LAB			1,214	0	1,214	56.01
56.02	03950	STRAUSS ONCOLOGY			4,121	0	4,121	56.02
57.00	05700	CT SCAN			16,982	0	16,982	57.00
58.00	05800	MRI			13,182	0	13,182	58.00
59.00	05900	CARDIAC CATHETERIZATION			22,129	0	22,129	59.00
60.00	06000	LABORATORY			73,778	0	73,778	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.			4,375	0	4,375	63.00
65.00	06500	RESPIRATORY THERAPY			20,509	0	20,509	65.00
66.00	06600	PHYSICAL THERAPY			56,322	0	56,322	66.00
69.00	06900	ELECTROCARDIOLOGY			86,462	0	86,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			1,438	0	1,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			40,846	0	40,846	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			53,574	0	53,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			51,864	0	51,864	73.00
74.00	07400	RENAL DIALYSIS			2,204	0	2,204	74.00
76.00	03951	WOUND CARE			32,075	0	32,075	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			6,057	0	6,057	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			85,739	0	85,739	90.00
91.00	09100	EMERGENCY			161,610	0	161,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,505,243	0	2,505,243	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES			428,599	0	428,599	192.00
194.00	07950	MARKETING			7,000	0	7,000	194.00
194.01	07951	HOSPICE			25,208	0	25,208	194.01
194.02	07952	OTHER NON-REIMBURSABLE			129	0	129	194.02
194.03	07953	VACANT AREA			69,223	0	69,223	194.03
194.04	07954	LAKEFRONT			21,086	0	21,086	194.04
200.00		Cross Foot Adjustments	39,880	124,958	164,838	0	164,838	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,880	124,958	3,221,326	0	3,221,326	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	349,159					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		340,986				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,827	2,827	42,283,811			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,791	38,791	4,260,375	-30,601,521	82,628,313	5.00
7.00	00700	OPERATION OF PLANT	48,242	48,242	1,191,771	0	6,180,571	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,817	2,817	0	0	923,796	8.00
9.00	00900	HOUSEKEEPING	3,031	3,031	847,528	0	1,635,830	9.00
10.00	01000	DIETARY	6,408	6,408	759,505	0	1,480,945	10.00
11.00	01100	CAFETERIA	3,226	3,226	0	0	29,966	11.00
13.00	01300	NURSING ADMINISTRATION	350	350	869,595	0	1,189,938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,379	3,379	222,256	0	2,252,602	14.00
15.00	01500	PHARMACY	1,215	1,215	1,088,257	0	1,383,350	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,658	2,658	472,292	0	727,661	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,256,179	0	5,546,401	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,135	10,135	1,108,565	0	1,936,381	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,664	55,664	7,170,314	0	10,115,520	30.00
31.00	03100	INTENSIVE CARE UNIT	11,745	11,745	2,248,820	0	3,194,730	31.00
40.00	04000	SUBPROVIDER - IPF	5,066	5,066	1,003,220	0	1,706,559	40.00
41.00	04100	SUBPROVIDER - IRF	9,816	9,816	1,117,310	0	1,538,890	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,625	27,625	2,962,963	0	4,917,504	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	3,587	3,587	183,978	0	242,636	50.01
51.00	05100	RECOVERY ROOM	3,360	3,360	463,442	0	621,178	51.00
53.00	05300	ANESTHESIOLOGY	395	395	15,818	0	1,788,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,857	11,857	1,330,278	0	2,283,274	54.00
54.01	03630	ULTRA SOUND	171	171	141,758	0	181,492	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,681	3,681	238,195	0	511,597	55.00
56.00	05600	RADIOISOTOPE	2,977	2,977	132,438	0	227,979	56.00
56.01	03650	VASCULAR LAB	0	0	122,329	0	149,365	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	397,640	0	469,453	56.02
57.00	05700	CT SCAN	899	899	336,055	0	447,403	57.00
58.00	05800	MRI	1,026	1,026	161,033	0	203,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,536	1,536	416,607	0	584,487	59.00
60.00	06000	LABORATORY	4,582	4,582	1,206,692	0	3,046,885	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	219	219	0	0	382,733	63.00
65.00	06500	RESPIRATORY THERAPY	1,044	1,044	771,798	0	1,382,585	65.00
66.00	06600	PHYSICAL THERAPY	3,581	3,581	1,697,670	0	2,089,569	66.00
69.00	06900	ELECTROCARDIOLOGY	7,176	7,176	544,407	0	737,522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100	100	29,640	0	37,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,036,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,349,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,585,906	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	495,116	74.00
76.00	03951	WOUND CARE	2,654	2,654	169,919	0	335,014	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	864,571	0	1,217,568	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,836	6,836	777,847	0	1,097,970	90.00
91.00	09100	EMERGENCY	11,851	11,851	1,723,604	0	2,966,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,527	300,527	41,304,669	-30,601,521	81,230,878	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	36,196	36,196	583,123	0	705,557	192.00
194.00	07950	MARKETING	310	310	396,019	0	598,419	194.00
194.01	07951	HOSPICE	2,094	2,094	0	0	22,208	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.02
194.03	07953	VACANT AREA	8,173	0	0	0	53,983	194.03
194.04	07954	LAKEFRONT	1,859	1,859	0	0	17,268	194.04
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)	2,306,229	915,097	5,638,158		30,601,521	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.605097	2.683679	0.133341		0.370352	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,260		362,967	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000621		0.004393	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
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: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:

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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	259,299				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,817	1,262,348			8.00
9.00	00900	HOUSEKEEPING	3,031	15,072	245,278		9.00
10.00	01000	DIETARY	6,408	0	6,408	328,148	10.00
11.00	01100	CAFETERIA	3,226	0	3,226	175,146	44,474
13.00	01300	NURSING ADMINISTRATION	350	0	350	0	931
14.00	01400	CENTRAL SERVICES & SUPPLY	3,379	40,471	3,379	0	595
15.00	01500	PHARMACY	1,215	0	1,215	0	1,216
16.00	01600	MEDICAL RECORDS & LIBRARY	2,658	0	2,658	0	435
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,253
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,135	0	10,135	0	725
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,664	542,302	55,664	60,515	9,707
31.00	03100	INTENSIVE CARE UNIT	11,745	163,223	11,745	8,151	2,515
40.00	04000	SUBPROVIDER - IPF	5,066	48,002	5,066	8,817	1,636
41.00	04100	SUBPROVIDER - IRF	9,816	59,053	9,816	9,172	1,346
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,625	5,751	27,625	0	3,231
50.01	03340	GASTRO INTESTINAL SERVICES	3,587	0	3,587	0	140
51.00	05100	RECOVERY ROOM	3,360	0	3,360	0	398
53.00	05300	ANESTHESIOLOGY	395	0	395	0	27
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,857	45,464	11,857	0	1,797
54.01	03630	ULTRA SOUND	171	0	171	0	143
55.00	05500	RADIOLOGY-THERAPEUTIC	3,681	5,324	3,681	0	224
56.00	05600	RADIOISOTOPE	2,977	8,508	2,977	0	124
56.01	03650	VASCULAR LAB	0	0	0	0	144
56.02	03950	STRAUSS ONCOLOGY	0	12,752	0	0	588
57.00	05700	CT SCAN	899	45,089	899	0	391
58.00	05800	MRI	1,026	0	1,026	0	179
59.00	05900	CARDIAC CATHETERIZATION	1,536	7,468	1,536	0	325
60.00	06000	LABORATORY	4,582	0	4,582	0	2,040
63.00	06300	BLOOD STORING PROCESSING & TRANS.	219	0	219	0	0
65.00	06500	RESPIRATORY THERAPY	1,044	0	1,044	0	985
66.00	06600	PHYSICAL THERAPY	3,581	26,973	3,581	0	1,963
69.00	06900	ELECTROCARDIOLOGY	7,176	1,204	7,176	0	566
70.00	07000	ELECTROENCEPHALOGRAPHY	100	0	100	0	59
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03951	WOUND CARE	2,654	0	2,654	0	191
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,836	36,167	6,836	0	1,051
91.00	09100	EMERGENCY	11,851	198,023	11,851	0	2,244
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	210,667	1,260,846	204,819	261,801	43,172
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	36,196	1,090	36,196	59,786	951
194.00	07950	MARKETING	310	0	310	0	351
194.01	07951	HOSPICE	2,094	0	2,094	6,029	0
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	532	0
194.03	07953	VACANT AREA	8,173	0	0	0	0
194.04	07954	LAKEFRONT	1,859	412	1,859	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	8,469,558	1,357,938	2,356,878	2,300,297	1,405,198
203.00		Unit cost multiplier (Wkst. B, Part I)	32.663288	1.075724	9.609007	7.009938	31.595944
204.00		Cost to be allocated (per Wkst. B, Part II)	476,000	35,396	41,853	79,356	78,926
205.00		Unit cost multiplier (Wkst. B, Part II)	1.835719	0.028040	0.170635	0.241830	1.774655
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	7.00	8.00	9.00	10.00	11.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	278,571					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,385,834				14.00
15.00	01500	PHARMACY	0	0	5,585,906			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	505,384,322		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	151,346	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,443	0	0	39,245,233	115,279	30.00
31.00	03100	INTENSIVE CARE UNIT	44,359	0	0	12,232,242	0	31.00
40.00	04000	SUBPROVIDER - IPF	13,028	0	0	3,440,597	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,353	0	0	4,508,291	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,405	0	0	64,540,301	36,067	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	952	0	0	4,035,563	0	50.01
51.00	05100	RECOVERY ROOM	7,967	0	0	9,118,674	0	51.00
53.00	05300	ANESTHESIOLOGY	8	0	0	10,795,945	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,275	0	0	13,722,780	0	54.00
54.01	03630	ULTRA SOUND	40	0	0	2,786,634	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,098	0	0	4,558,664	0	55.00
56.00	05600	RADIOISOTOPE	13	0	0	3,924,464	0	56.00
56.01	03650	VASCULAR LAB	75	0	0	3,282,826	0	56.01
56.02	03950	STRAUSS ONCOLOGY	4,346	0	0	3,443,250	0	56.02
57.00	05700	CT SCAN	155	0	0	39,553,918	0	57.00
58.00	05800	MRI	39	0	0	4,154,190	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	388	0	0	16,928,158	0	59.00
60.00	06000	LABORATORY	192	0	0	62,657,541	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,237,400	0	63.00
65.00	06500	RESPIRATORY THERAPY	68	0	0	6,079,222	0	65.00
66.00	06600	PHYSICAL THERAPY	133	0	0	20,532,637	0	66.00
69.00	06900	ELECTROCARDIOLOGY	354	0	0	11,448,827	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40	0	0	297,950	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,036,540	0	21,184,258	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,349,294	0	19,932,917	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,585,906	70,176,427	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	431,174	0	74.00
76.00	03951	WOUND CARE	2,108	0	0	1,394,788	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,446,996	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,804	0	0	2,132,300	0	90.00
91.00	09100	EMERGENCY	28,935	0	0	43,160,155	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	275,578	9,385,834	5,585,906	505,384,322	151,346	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,989	0	0	0	0	192.00
194.00	07950	MARKETING	4	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.02
194.03	07953	VACANT AREA	0	0	0	0	0	194.03
194.04	07954	LAKEFRONT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,674,845	3,292,032	1,985,458	1,123,256	7,829,687	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.012273	0.350745	0.355441	0.002223	51.733690	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,373	50,392	22,634	34,284	39,880	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.040826	0.005369	0.004052	0.000068	0.263502	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet B-1
Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER		
			PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	151,346		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	115,279		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	36,067		50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0		50.01
51.00	05100	RECOVERY ROOM	0		51.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	03630	ULTRA SOUND	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03650	VASCULAR LAB	0		56.01
56.02	03950	STRAUSS ONCOLOGY	0		56.02
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		63.00
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
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03951	WOUND CARE	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,346		118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		192.00
194.00	07950	MARKETING	0		194.00
194.01	07951	HOSPICE	0		194.01
194.02	07952	OTHER NON-REIMBURSABLE	0		194.02
194.03	07953	VACANT AREA	0		194.03
194.04	07954	LAKEFRONT	0		194.04
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)	3,104,860		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.514979		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	124,958		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.825645		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
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

Worksheet C
Part I
Date/Time Prepared:
10/29/2021 11:12 am

MCRIF32 - 16.12.172.2

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet C
Part I
Date/Time Prepared:
10/29/2021 11:12 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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,558,198		35,558,198			30.00	
31.00	03100	INTENSIVE CARE UNIT	12,232,242		12,232,242			31.00	
40.00	04000	SUBPROVIDER - IPF	3,440,597		3,440,597			40.00	
41.00	04100	SUBPROVIDER - IRF	4,508,291		4,508,291			41.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,894,326	31,645,975	64,540,301	0.128679	0.000000	50.00	
50.01	03340	GASTRO INTESTINAL SERVICES	2,948,146	1,087,417	4,035,563	0.124703	0.000000	50.01	
51.00	05100	RECOVERY ROOM	4,229,581	4,889,093	9,118,674	0.117782	0.000000	51.00	
53.00	05300	ANESTHESIOLOGY	5,798,730	4,997,215	10,795,945	0.230828	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,281,692	7,441,088	13,722,780	0.275891	0.000000	54.00	
54.01	03630	ULTRA SOUND	949,387	1,837,247	2,786,634	0.095775	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	251,785	4,306,879	4,558,664	0.194402	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,241,520	2,682,944	3,924,464	0.117246	0.000000	56.00	
56.01	03650	VASCULAR LAB	2,068,729	1,214,097	3,282,826	0.066096	0.000000	56.01	
56.02	03950	STRAUSS ONCOLOGY	26,976	3,416,274	3,443,250	0.206025	0.000000	56.02	
57.00	05700	CT SCAN	20,131,147	19,422,771	39,553,918	0.020246	0.000000	57.00	
58.00	05800	MRI	1,512,385	2,641,805	4,154,190	0.081092	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	13,573,119	3,355,039	16,928,158	0.054592	0.000000	59.00	
60.00	06000	LABORATORY	41,451,242	21,206,299	62,657,541	0.072998	0.000000	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,696,442	540,958	3,237,400	0.167089	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	5,850,060	229,162	6,079,222	0.326325	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	14,015,345	6,517,292	20,532,637	0.153527	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	6,742,844	4,705,983	11,448,827	0.118857	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	280,469	17,481	297,950	0.193744	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,379,195	8,805,063	21,184,258	0.330168	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,488,059	6,444,858	19,932,917	0.464105	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	33,705,758	36,470,669	70,176,427	0.139590	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	423,012	8,162	431,174	1.575793	0.000000	74.00	
76.00	03951	WOUND CARE	12,493	1,382,295	1,394,788	0.425217	0.000000	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,446,996	2,446,996	0.684117	0.000000	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,496	2,124,804	2,132,300	0.890735	0.000000	90.00	
91.00	09100	EMERGENCY	14,429,472	28,730,683	43,160,155	0.118622	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,172,172	2,514,863	3,687,035	0.346239	0.000000	92.00	
200.00		Subtotal (see instructions)	294,300,910	211,083,412	505,384,322			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	294,300,910	211,083,412	505,384,322			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet C
Part I
Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.128679			50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.124703			50.01
51.00	05100	RECOVERY ROOM	0.117782			51.00
53.00	05300	ANESTHESIOLOGY	0.230828			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275891			54.00
54.01	03630	ULTRA SOUND	0.095775			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194402			55.00
56.00	05600	RADIOISOTOPE	0.117246			56.00
56.01	03650	VASCULAR LAB	0.066096			56.01
56.02	03950	STRAUSS ONCOLOGY	0.206025			56.02
57.00	05700	CT SCAN	0.020246			57.00
58.00	05800	MRI	0.081092			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054592			59.00
60.00	06000	LABORATORY	0.072998			60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.167089			63.00
65.00	06500	RESPIRATORY THERAPY	0.326325			65.00
66.00	06600	PHYSICAL THERAPY	0.153527			66.00
69.00	06900	ELECTROCARDIOLOGY	0.118857			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193744			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464105			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139590			73.00
74.00	07400	RENAL DIALYSIS	1.575793			74.00
76.00	03951	WOUND CARE	0.425217			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117			76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.890735			90.00
91.00	09100	EMERGENCY	0.118622			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346239			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet C
Part I
Date/Time Prepared:
10/29/2021 11:12 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	18,328,458		18,328,458	0	18,328,458	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,480,468		5,480,468	0	5,480,468	31.00	
40.00	04000	SUBPROVIDER - IPF	2,803,849		2,803,849	0	2,803,849	40.00	
41.00	04100	SUBPROVIDER - IRF	2,826,504		2,826,504	0	2,826,504	41.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,304,958		8,304,958	0	8,304,958	50.00	
50.01	03340	GASTRO INTESTINAL SERVICES	503,246		503,246	0	503,246	50.01	
51.00	05100	RECOVERY ROOM	1,074,014		1,074,014	0	1,074,014	51.00	
53.00	05300	ANESTHESIOLOGY	2,492,001		2,492,001	0	2,492,001	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,785,993		3,785,993	0	3,785,993	54.00	
54.01	03630	ULTRA SOUND	266,889		266,889	0	266,889	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	886,212		886,212	0	886,212	55.00	
56.00	05600	RADIOISOTOPE	460,128		460,128	0	460,128	56.00	
56.01	03650	VASCULAR LAB	216,982		216,982	0	216,982	56.01	
56.02	03950	STRAUSS ONCOLOGY	709,395		709,395	0	709,395	56.02	
57.00	05700	CT SCAN	800,819		800,819	0	800,819	57.00	
58.00	05800	MRI	336,870		336,870	0	336,870	58.00	
59.00	05900	CARDIAC CATHETERIZATION	924,150		924,150	0	924,150	59.00	
60.00	06000	LABORATORY	4,573,894		4,573,894	0	4,573,894	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	540,933		540,933	0	540,933	63.00	
65.00	06500	RESPIRATORY THERAPY	1,983,805	0	1,983,805	0	1,983,805	65.00	
66.00	06600	PHYSICAL THERAPY	3,152,305	0	3,152,305	0	3,152,305	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,360,768		1,360,768	0	1,360,768	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	57,726		57,726	0	57,726	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,994,370		6,994,370	0	6,994,370	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,250,963		9,250,963	0	9,250,963	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	9,795,904		9,795,904	0	9,795,904	73.00	
74.00	07400	RENAL DIALYSIS	679,441		679,441	0	679,441	74.00	
76.00	03951	WOUND CARE	593,087		593,087	0	593,087	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,674,032		1,674,032	0	1,674,032	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,899,314		1,899,314	0	1,899,314	90.00	
91.00	09100	EMERGENCY	5,119,742		5,119,742	0	5,119,742	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,276,597		1,276,597	0	1,276,597	92.00	
200.00		Subtotal (see instructions)	99,153,817	0	99,153,817	0	99,153,817	200.00	
201.00		Less Observation Beds	1,276,597		1,276,597	0	1,276,597	201.00	
202.00		Total (see instructions)	97,877,220	0	97,877,220	0	97,877,220	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet C
Part I
Date/Time Prepared:
10/29/2021 11:12 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	35,558,198		35,558,198			30.00
31.00	03100	INTENSIVE CARE UNIT	12,232,242		12,232,242			31.00
40.00	04000	SUBPROVIDER - IPF	3,440,597		3,440,597			40.00
41.00	04100	SUBPROVIDER - IRF	4,508,291		4,508,291			41.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,894,326	31,645,975	64,540,301	0.128679	0.000000	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	2,948,146	1,087,417	4,035,563	0.124703	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,229,581	4,889,093	9,118,674	0.117782	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	5,798,730	4,997,215	10,795,945	0.230828	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,281,692	7,441,088	13,722,780	0.275891	0.000000	54.00
54.01	03630	ULTRA SOUND	949,387	1,837,247	2,786,634	0.095775	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	251,785	4,306,879	4,558,664	0.194402	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,241,520	2,682,944	3,924,464	0.117246	0.000000	56.00
56.01	03650	VASCULAR LAB	2,068,729	1,214,097	3,282,826	0.066096	0.000000	56.01
56.02	03950	STRAUSS ONCOLOGY	26,976	3,416,274	3,443,250	0.206025	0.000000	56.02
57.00	05700	CT SCAN	20,131,147	19,422,771	39,553,918	0.020246	0.000000	57.00
58.00	05800	MRI	1,512,385	2,641,805	4,154,190	0.081092	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,573,119	3,355,039	16,928,158	0.054592	0.000000	59.00
60.00	06000	LABORATORY	41,451,242	21,206,299	62,657,541	0.072998	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,696,442	540,958	3,237,400	0.167089	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	5,850,060	229,162	6,079,222	0.326325	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,015,345	6,517,292	20,532,637	0.153527	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	6,742,844	4,705,983	11,448,827	0.118857	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280,469	17,481	297,950	0.193744	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,379,195	8,805,063	21,184,258	0.330168	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,488,059	6,444,858	19,932,917	0.464105	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,705,758	36,470,669	70,176,427	0.139590	0.000000	73.00
74.00	07400	RENAL DIALYSIS	423,012	8,162	431,174	1.575793	0.000000	74.00
76.00	03951	WOUND CARE	12,493	1,382,295	1,394,788	0.425217	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,446,996	2,446,996	0.684117	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,496	2,124,804	2,132,300	0.890735	0.000000	90.00
91.00	09100	EMERGENCY	14,429,472	28,730,683	43,160,155	0.118622	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,172,172	2,514,863	3,687,035	0.346239	0.000000	92.00
200.00		Subtotal (see instructions)	294,300,910	211,083,412	505,384,322			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	294,300,910	211,083,412	505,384,322			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet C
Part I
Date/Time Prepared:
10/29/2021 11:12 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
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03650	VASCULAR LAB	0.000000			56.01
56.02	03950	STRAUSS ONCOLOGY	0.000000			56.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	WOUND CARE	0.000000			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part I
Date/Time Prepared:
10/29/2021 11:12 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	732,180	0	732,180	20,014	36.58	30.00
31.00	INTENSIVE CARE UNIT	161,747		161,747	2,508	64.49	31.00
40.00	SUBPROVIDER - IPF	72,488	0	72,488	2,713	26.72	40.00
41.00	SUBPROVIDER - IRF	125,728	0	125,728	2,822	44.55	41.00
200.00	Total (lines 30 through 199)	1,092,143		1,092,143	28,057		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,211	227,198				30.00
31.00	INTENSIVE CARE UNIT	914	58,944				31.00
40.00	SUBPROVIDER - IPF	1,299	34,709				40.00
41.00	SUBPROVIDER - IRF	1,419	63,216				41.00
200.00	Total (lines 30 through 199)	9,843	384,067				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part II
Date/Time Prepared:
10/29/2021 11:12 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,752	64,540,301	0.005373	8,600,047	46,208	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	42,256	4,035,563	0.010471	1,172,677	12,279	50.01
51.00	05100	RECOVERY ROOM	42,619	9,118,674	0.004674	1,570,118	7,339	51.00
53.00	05300	ANESTHESIOLOGY	13,108	10,795,945	0.001214	1,976,413	2,399	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,313	13,722,780	0.010954	2,458,774	26,933	54.00
54.01	03630	ULTRA SOUND	3,261	2,786,634	0.001170	100,153	117	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44,874	4,558,664	0.009844	126,861	1,249	55.00
56.00	05600	RADIOISOTOPE	35,436	3,924,464	0.009030	496,948	4,487	56.00
56.01	03650	VASCULAR LAB	1,214	3,282,826	0.000370	825,446	305	56.01
56.02	03950	STRAUSS ONCOLOGY	4,121	3,443,250	0.001197	4,294	5	56.02
57.00	05700	CT SCAN	16,982	39,553,918	0.000429	7,304,964	3,134	57.00
58.00	05800	MRI	13,182	4,154,190	0.003173	548,946	1,742	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,129	16,928,158	0.001307	6,083,701	7,951	59.00
60.00	06000	LABORATORY	73,778	62,657,541	0.001177	14,839,443	17,466	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,375	3,237,400	0.001351	1,203,744	1,626	63.00
65.00	06500	RESPIRATORY THERAPY	20,509	6,079,222	0.003374	1,821,841	6,147	65.00
66.00	06600	PHYSICAL THERAPY	56,322	20,532,637	0.002743	3,500,461	9,602	66.00
69.00	06900	ELECTROCARDIOLOGY	86,462	11,448,827	0.007552	2,776,698	20,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,438	297,950	0.004826	76,486	369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,846	21,184,258	0.001928	4,203,895	8,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,574	19,932,917	0.002688	7,350,240	19,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,864	70,176,427	0.000739	11,348,797	8,387	73.00
74.00	07400	RENAL DIALYSIS	2,204	431,174	0.005112	183,288	937	74.00
76.00	03951	WOUND CARE	32,075	1,394,788	0.022996	10,761	247	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,057	2,446,996	0.002475	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	85,739	2,132,300	0.040210	7,330	295	90.00
91.00	09100	EMERGENCY	161,610	43,160,155	0.003744	3,705,734	13,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	50,997	3,687,035	0.013831	378,905	5,241	92.00
200.00	Total (lines 50 through 199)		1,464,097	449,644,994		82,676,965	227,171	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part III Date/Time Prepared: 10/29/2021 11:12 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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
200.00		Total (lines 30 through 199)	0	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	20,014	0.00	6,211	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,508	0.00	914	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	2,713	0.00	1,299	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,822	0.00	1,419	41.00		
200.00		Total (lines 30 through 199)	0	0	28,057		9,843	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	03650	VASCULAR LAB	0	0	0	0	0 56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	0	0	0 56.02
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03951	WOUND CARE	0	0	0	0	0 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part IV
Date/Time Prepared:
10/29/2021 11:12 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	64,540,301	0.000000	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,035,563	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	9,118,674	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,795,945	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,722,780	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,786,634	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,558,664	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,924,464	0.000000	56.00
56.01	03650	VASCULAR LAB	0	0	0	3,282,826	0.000000	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	0	3,443,250	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	39,553,918	0.000000	57.00
58.00	05800	MRI	0	0	0	4,154,190	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,928,158	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	62,657,541	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,237,400	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,079,222	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,532,637	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,448,827	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	297,950	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,184,258	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,932,917	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,176,427	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	431,174	0.000000	74.00
76.00	03951	WOUND CARE	0	0	0	1,394,788	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,446,996	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,132,300	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	43,160,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,687,035	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	449,644,994		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet D
Part IV
Date/Time Prepared:
10/29/2021 11:12 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	8,600,047	0	5,282,224	0	50.00		
50.01	03340	GASTRO INTESTINAL SERVICES	0.000000	1,172,677	0	273,155	0	50.01		
51.00	05100	RECOVERY ROOM	0.000000	1,570,118	0	1,814,769	0	51.00		
53.00	05300	ANESTHESIOLOGY	0.000000	1,976,413	0	1,101,833	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,458,774	0	2,610,998	0	54.00		
54.01	03630	ULTRA SOUND	0.000000	100,153	0	167,928	0	54.01		
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	126,861	0	3,000,505	0	55.00		
56.00	05600	RADIOISOTOPE	0.000000	496,948	0	1,066,162	0	56.00		
56.01	03650	VASCULAR LAB	0.000000	825,446	0	504,723	0	56.01		
56.02	03950	STRAUSS ONCOLOGY	0.000000	4,294	0	1,805	0	56.02		
57.00	05700	CT SCAN	0.000000	7,304,964	0	7,022,697	0	57.00		
58.00	05800	MRI	0.000000	548,946	0	955,538	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,083,701	0	2,885,075	0	59.00		
60.00	06000	LABORATORY	0.000000	14,839,443	0	3,578,033	0	60.00		
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	1,203,744	0	207,882	0	63.00		
65.00	06500	RESPIRATORY THERAPY	0.000000	1,821,841	0	39,975	0	65.00		
66.00	06600	PHYSICAL THERAPY	0.000000	3,500,461	0	60,577	0	66.00		
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,776,698	0	2,056,550	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	76,486	0	8,591	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,203,895	0	2,431,762	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,350,240	0	2,039,723	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,348,797	0	25,937,544	0	73.00		
74.00	07400	RENAL DIALYSIS	0.000000	183,288	0	2,226	0	74.00		
76.00	03951	WOUND CARE	0.000000	10,761	0	614,274	0	76.00		
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.01		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	7,330	0	1,718,019	0	90.00		
91.00	09100	EMERGENCY	0.000000	3,705,734	0	4,218,406	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	378,905	0	625,474	0	92.00		
200.00		Total (lines 50 through 199)		82,676,965	0	70,226,448	0	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part V Date/Time Prepared: 10/29/2021 11:12 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	0.128679	5,282,224	0	0	679,711	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.124703	273,155	0	0	34,063	50.01
51.00	05100	RECOVERY ROOM	0.117782	1,814,769	0	0	213,747	51.00
53.00	05300	ANESTHESIOLOGY	0.230828	1,101,833	0	0	254,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275891	2,610,998	0	0	720,351	54.00
54.01	03630	ULTRA SOUND	0.095775	167,928	0	0	16,083	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194402	3,000,505	0	0	583,304	55.00
56.00	05600	RADIOISOTOPE	0.117246	1,066,162	0	0	125,003	56.00
56.01	03650	VASCULAR LAB	0.066096	504,723	0	0	33,360	56.01
56.02	03950	STRAUSS ONCOLOGY	0.206025	1,805	0	0	372	56.02
57.00	05700	CT SCAN	0.020246	7,022,697	0	0	142,182	57.00
58.00	05800	MRI	0.081092	955,538	0	0	77,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054592	2,885,075	0	0	157,502	59.00
60.00	06000	LABORATORY	0.072998	3,578,033	5,535	0	261,189	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.167089	207,882	0	0	34,735	63.00
65.00	06500	RESPIRATORY THERAPY	0.326325	39,975	0	0	13,045	65.00
66.00	06600	PHYSICAL THERAPY	0.153527	60,577	0	0	9,300	66.00
69.00	06900	ELECTROCARDIOLOGY	0.118857	2,056,550	0	0	244,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193744	8,591	0	0	1,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168	2,431,762	0	0	802,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464105	2,039,723	0	0	946,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139590	25,937,544	0	16,626	3,620,622	73.00
74.00	07400	RENAL DIALYSIS	1.575793	2,226	0	0	3,508	74.00
76.00	03951	WOUND CARE	0.425217	614,274	0	0	261,200	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.890735	1,718,019	0	0	1,530,300	90.00
91.00	09100	EMERGENCY	0.118622	4,218,406	0	0	500,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346239	625,474	0	0	216,563	92.00
200.00		Subtotal (see instructions)		70,226,448	5,535	16,626	11,483,991	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		70,226,448	5,535	16,626	11,483,991	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part V
Date/Time Prepared:
10/29/2021 11:12 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	0		50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03650	VASCULAR LAB	0	0		56.01
56.02	03950	STRAUSS ONCOLOGY	0	0		56.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	404	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	2,321		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	WOUND CARE	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	404	2,321		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	404	2,321		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0082

Period:

Worksheet D

Component CCN: 14-S082

From 06/01/2020
To 05/31/2021Part II
Date/Time Prepared:

10/29/2021 11:12 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,752	64,540,301	0.005373	0	0 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	42,256	4,035,563	0.010471	0	0 50.01
51.00	05100	RECOVERY ROOM	42,619	9,118,674	0.004674	0	0 51.00
53.00	05300	ANESTHESIOLOGY	13,108	10,795,945	0.001214	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,313	13,722,780	0.010954	17,838	195 54.00
54.01	03630	ULTRA SOUND	3,261	2,786,634	0.001170	6,607	8 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44,874	4,558,664	0.009844	0	0 55.00
56.00	05600	RADIOISOTOPE	35,436	3,924,464	0.009030	0	0 56.00
56.01	03650	VASCULAR LAB	1,214	3,282,826	0.000370	5,173	2 56.01
56.02	03950	STRAUSS ONCOLOGY	4,121	3,443,250	0.001197	0	0 56.02
57.00	05700	CT SCAN	16,982	39,553,918	0.000429	120,244	52 57.00
58.00	05800	MRI	13,182	4,154,190	0.003173	8,946	28 58.00
59.00	05900	CARDIAC CATHETERIZATION	22,129	16,928,158	0.001307	0	0 59.00
60.00	06000	LABORATORY	73,778	62,657,541	0.001177	365,002	430 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,375	3,237,400	0.001351	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	20,509	6,079,222	0.003374	0	0 65.00
66.00	06600	PHYSICAL THERAPY	56,322	20,532,637	0.002743	163,703	449 66.00
69.00	06900	ELECTROCARDIOLOGY	86,462	11,448,827	0.007552	69,744	527 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,438	297,950	0.004826	1,432	7 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,846	21,184,258	0.001928	493	1 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,574	19,932,917	0.002688	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,864	70,176,427	0.000739	1,941,515	1,435 73.00
74.00	07400	RENAL DIALYSIS	2,204	431,174	0.005112	0	0 74.00
76.00	03951	WOUND CARE	32,075	1,394,788	0.022996	0	0 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,057	2,446,996	0.002475	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	85,739	2,132,300	0.040210	0	0 90.00
91.00	09100	EMERGENCY	161,610	43,160,155	0.003744	52,528	197 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,687,035	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	1,413,100	449,644,994		2,753,225	3,331 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0082
Component CCN: 14-S082

Period:
From 06/01/2020
To 05/31/2021

Worksheet D
Part IV
Date/Time Prepared:
10/29/2021 11:12 am

			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03650	VASCULAR LAB	0	0	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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: 14-0082 Component CCN: 14-S082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part IV Date/Time Prepared: 10/29/2021 11:12 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	64,540,301	0.000000	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,035,563	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	9,118,674	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,795,945	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,722,780	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,786,634	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,558,664	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,924,464	0.000000	56.00
56.01	03650	VASCULAR LAB	0	0	0	3,282,826	0.000000	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	0	3,443,250	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	39,553,918	0.000000	57.00
58.00	05800	MRI	0	0	0	4,154,190	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,928,158	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	62,657,541	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,237,400	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,079,222	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,532,637	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,448,827	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	297,950	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,184,258	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,932,917	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,176,427	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	431,174	0.000000	74.00
76.00	03951	WOUND CARE	0	0	0	1,394,788	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,446,996	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,132,300	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	43,160,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,687,035	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	449,644,994		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0082 Component CCN: 14-S082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part IV Date/Time Prepared: 10/29/2021 11:12 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	17,838	0	2,779	0	54.00
54.01	03630	ULTRA SOUND		0.000000	6,607	0	2,304	0	54.01
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
56.01	03650	VASCULAR LAB		0.000000	5,173	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY		0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	120,244	0	10,005	0	57.00
58.00	05800	MRI		0.000000	8,946	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	365,002	0	5,049	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	163,703	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	69,744	0	9,932	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,432	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	493	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	1,941,515	0	11,924	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03951	WOUND CARE		0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	52,528	0	6,679	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)			2,753,225	0	48,672	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0082 Component CCN: 14-S082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part V Date/Time Prepared: 10/29/2021 11:12 am	
				Title XVIII		Subprovider - IPF		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	0.128679	0	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.124703	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.117782	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.230828	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275891	2,779	0	0	0	767	54.00
54.01	03630	ULTRA SOUND	0.095775	2,304	0	0	0	221	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194402	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.117246	0	0	0	0	0	56.00
56.01	03650	VASCULAR LAB	0.066096	0	0	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY	0.206025	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0.020246	10,005	0	0	0	203	57.00
58.00	05800	MRI	0.081092	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054592	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.072998	5,049	0	0	0	369	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.167089	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.326325	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.153527	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.118857	9,932	0	0	0	1,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193744	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464105	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139590	11,924	0	0	0	1,664	73.00
74.00	07400	RENAL DIALYSIS	1.575793	0	0	0	0	0	74.00
76.00	03951	WOUND CARE	0.425217	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.890735	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.118622	6,679	0	0	0	792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346239	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		48,672	0	0	0	5,196	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		48,672	0	0	0	5,196	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0082		Period: From 06/01/2020 To 05/31/2021	Worksheet D Part V Date/Time Prepared: 10/29/2021 11:12 am
			Component CCN: 14-S082			
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description	Costs					
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03650	VASCULAR LAB	0	0		56.01
56.02	03950	STRAUSS ONCOLOGY	0	0		56.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	WOUND CARE	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet D Part II Date/Time Prepared: 10/29/2021 11:12 am		
				Component CCN: 14-T082				
				Title XVIII	Subprovider - IRF	PPS		
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,752	64,540,301	0.005373	14,070	76	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	42,256	4,035,563	0.010471	11,408	119	50.01
51.00	05100	RECOVERY ROOM	42,619	9,118,674	0.004674	6,623	31	51.00
53.00	05300	ANESTHESIOLOGY	13,108	10,795,945	0.001214	5,232	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,313	13,722,780	0.010954	28,089	308	54.00
54.01	03630	ULTRA SOUND	3,261	2,786,634	0.001170	3,265	4	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44,874	4,558,664	0.009844	0	0	55.00
56.00	05600	RADIOISOTOPE	35,436	3,924,464	0.009030	16,406	148	56.00
56.01	03650	VASCULAR LAB	1,214	3,282,826	0.000370	23,151	9	56.01
56.02	03950	STRAUSS ONCOLOGY	4,121	3,443,250	0.001197	0	0	56.02
57.00	05700	CT SCAN	16,982	39,553,918	0.000429	86,798	37	57.00
58.00	05800	MRI	13,182	4,154,190	0.003173	12,881	41	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,129	16,928,158	0.001307	63,442	83	59.00
60.00	06000	LABORATORY	73,778	62,657,541	0.001177	312,890	368	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,375	3,237,400	0.001351	7,034	10	63.00
65.00	06500	RESPIRATORY THERAPY	20,509	6,079,222	0.003374	15,527	52	65.00
66.00	06600	PHYSICAL THERAPY	56,322	20,532,637	0.002743	2,648,943	7,266	66.00
69.00	06900	ELECTROCARDIOLOGY	86,462	11,448,827	0.007552	37,785	285	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,438	297,950	0.004826	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,846	21,184,258	0.001928	11,011	21	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,574	19,932,917	0.002688	16,879	45	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,864	70,176,427	0.000739	540,057	399	73.00
74.00	07400	RENAL DIALYSIS	2,204	431,174	0.005112	26,184	134	74.00
76.00	03951	WOUND CARE	32,075	1,394,788	0.022996	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,057	2,446,996	0.002475	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	85,739	2,132,300	0.040210	0	0	90.00
91.00	09100	EMERGENCY	161,610	43,160,155	0.003744	3,791	14	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,687,035	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	1,413,100	449,644,994		3,891,466	9,456	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0082 Component CCN: 14-T082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part IV Date/Time Prepared: 10/29/2021 11:12 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03650	VASCULAR LAB		0	0	0	0	0	56.01
56.02	03950	STRAUSS ONCOLOGY		0	0	0	0	0	56.02
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
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
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	WOUND CARE		0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		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: 14-0082 Component CCN: 14-T082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part IV Date/Time Prepared: 10/29/2021 11:12 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	64,540,301	0.000000	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,035,563	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	9,118,674	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,795,945	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,722,780	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,786,634	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,558,664	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,924,464	0.000000	56.00
56.01	03650	VASCULAR LAB	0	0	0	3,282,826	0.000000	56.01
56.02	03950	STRAUSS ONCOLOGY	0	0	0	3,443,250	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	39,553,918	0.000000	57.00
58.00	05800	MRI	0	0	0	4,154,190	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,928,158	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	62,657,541	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,237,400	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,079,222	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,532,637	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,448,827	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	297,950	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,184,258	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,932,917	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,176,427	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	431,174	0.000000	74.00
76.00	03951	WOUND CARE	0	0	0	1,394,788	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,446,996	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,132,300	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	43,160,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,687,035	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	449,644,994		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0082 Component CCN: 14-T082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part IV Date/Time Prepared: 10/29/2021 11:12 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	14,070	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES		0.000000	11,408	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	6,623	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	5,232	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	28,089	0	2,836	0	54.00
54.01	03630	ULTRA SOUND		0.000000	3,265	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	16,406	0	0	0	56.00
56.01	03650	VASCULAR LAB		0.000000	23,151	0	2,076	0	56.01
56.02	03950	STRAUSS ONCOLOGY		0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	86,798	0	5,068	0	57.00
58.00	05800	MRI		0.000000	12,881	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	63,442	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	312,890	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	7,034	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	15,527	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,648,943	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	37,785	0	4,193	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	11,011	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	16,879	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	540,057	0	11,340	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	26,184	0	0	0	74.00
76.00	03951	WOUND CARE		0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	3,791	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)			3,891,466	0	25,513	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0082

Period:

Worksheet D

Component CCN: 14-T082

From 06/01/2020

Part V

To 05/31/2021

Date/Time Prepared:

10/29/2021 11:12 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.128679	0	0	0	0 50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.124703	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.117782	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.230828	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.275891	2,836	0	0	782 54.00
54.01	03630 ULTRA SOUND	0.095775	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194402	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.117246	0	0	0	0 56.00
56.01	03650 VASCULAR LAB	0.066096	2,076	0	0	137 56.01
56.02	03950 STRAUSS ONCOLOGY	0.206025	0	0	0	0 56.02
57.00	05700 CT SCAN	0.020246	5,068	0	0	103 57.00
58.00	05800 MRI	0.081092	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054592	0	0	0	0 59.00
60.00	06000 LABORATORY	0.072998	0	0	0	0 60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.167089	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.326325	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.153527	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.118857	4,193	0	0	498 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193744	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.464105	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139590	11,340	0	0	1,583 73.00
74.00	07400 RENAL DIALYSIS	1.575793	0	0	0	0 74.00
76.00	03951 WOUND CARE	0.425217	0	0	0	0 76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.890735	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.118622	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346239	0	0	0	0 92.00
200.00	Subtotal (see instructions)		25,513	0	0	3,103 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		25,513	0	0	3,103 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0082		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part V Date/Time Prepared: 10/29/2021 11:12 am		
			Component CCN: 14-T082						
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0					50.01
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03630	ULTRA SOUND	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03650	VASCULAR LAB	0	0					56.01
56.02	03950	STRAUSS ONCOLOGY	0	0					56.02
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03951	WOUND CARE	0	0					76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Date/Time Prepared: 10/29/2021 11:12 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)		20,014	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,014	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,620	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,211	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,328,458	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		18,328,458	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,328,458	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)		915.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,687,910	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)		5,687,910	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet D-1

Date/Time Prepared:
10/29/2021 11:12 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)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	5,480,468	2,508	2,185.19	914	1,997,264
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,260,188
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,945,362
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					286,142
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					227,171
52.00	Total Program excludable cost (sum of lines 50 and 51)					513,313
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,432,049
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					1,394
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					915.78
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,276,597

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet D-1

Date/Time Prepared:
10/29/2021 11:12 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	732,180	18,328,458	0.039948	1,276,597	50,997
91.00	Nursing School cost	0	18,328,458	0.000000	1,276,597	0
92.00	Allied health cost	0	18,328,458	0.000000	1,276,597	0
93.00	All other Medical Education	0	18,328,458	0.000000	1,276,597	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1
		Component CCN: 14-S082		Date/Time Prepared: 10/29/2021 11:12 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,713	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,713	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,713	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,299	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,803,849	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,803,849	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,803,849	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)		1,033.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,342,504	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,342,504	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1	
				Component CCN: 14-S082		Date/Time Prepared: 10/29/2021 11:12 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
		Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					346,809	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,689,313	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)					34,709	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,331	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					38,040	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,651,273	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0082

Period:

Worksheet D-1

Component CCN: 14-S082

From 06/01/2020
To 05/31/2021Date/Time Prepared:
10/29/2021 11:12 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	72,488	2,803,849	0.025853	0	0	90.00
91.00	Nursing School cost	0	2,803,849	0.000000	0	0	91.00
92.00	Allied health cost	0	2,803,849	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,803,849	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0082 Component CCN: 14-T082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Date/Time Prepared: 10/29/2021 11:12 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,822	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,822	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,822	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,419	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,826,504	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,826,504	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,826,504	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)		1,001.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,421,270	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,421,270	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1	
				Component CCN: 14-T082		Date/Time Prepared: 10/29/2021 11:12 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
		Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					591,828	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,013,098	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)					63,216	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,456	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					72,672	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,940,426	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0082

Period:

Worksheet D-1

Component CCN: 14-T082

From 06/01/2020
To 05/31/2021Date/Time Prepared:
10/29/2021 11:12 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	125,728	2,826,504	0.044482	0	0	90.00
91.00	Nursing School cost	0	2,826,504	0.000000	0	0	91.00
92.00	Allied health cost	0	2,826,504	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,826,504	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-3 Date/Time Prepared: 10/29/2021 11:12 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		14,243,100	30.00
31.00	03100	INTENSIVE CARE UNIT		3,473,200	31.00
40.00	04000	SUBPROVIDER - IPF		48,000	40.00
41.00	04100	SUBPROVIDER - IRF		40,800	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128679	8,600,047	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.124703	1,172,677	50.01
51.00	05100	RECOVERY ROOM	0.117782	1,570,118	51.00
53.00	05300	ANESTHESIOLOGY	0.230828	1,976,413	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275891	2,458,774	54.00
54.01	03630	ULTRA SOUND	0.095775	100,153	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194402	126,861	55.00
56.00	05600	RADIOISOTOPE	0.117246	496,948	56.00
56.01	03650	VASCULAR LAB	0.066096	825,446	56.01
56.02	03950	STRAUSS ONCOLOGY	0.206025	4,294	56.02
57.00	05700	CT SCAN	0.020246	7,304,964	57.00
58.00	05800	MRI	0.081092	548,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054592	6,083,701	59.00
60.00	06000	LABORATORY	0.072998	14,839,443	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.167089	1,203,744	63.00
65.00	06500	RESPIRATORY THERAPY	0.326325	1,821,841	65.00
66.00	06600	PHYSICAL THERAPY	0.153527	3,500,461	66.00
69.00	06900	ELECTROCARDIOLOGY	0.118857	2,776,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193744	76,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168	4,203,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464105	7,350,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139590	11,348,797	73.00
74.00	07400	RENAL DIALYSIS	1.575793	183,288	74.00
76.00	03951	WOUND CARE	0.425217	10,761	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.890735	7,330	90.00
91.00	09100	EMERGENCY	0.118622	3,705,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346239	378,905	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		82,676,965	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		82,676,965	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0082 Component CCN: 14-S082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-3 Date/Time Prepared: 10/29/2021 11:12 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,582,647		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.128679	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.124703	0	0	50.01
51.00	05100 RECOVERY ROOM	0.117782	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.230828	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.275891	17,838	4,921	54.00
54.01	03630 ULTRA SOUND	0.095775	6,607	633	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194402	0	0	55.00
56.00	05600 RADIOISOTOPE	0.117246	0	0	56.00
56.01	03650 VASCULAR LAB	0.066096	5,173	342	56.01
56.02	03950 STRAUSS ONCOLOGY	0.206025	0	0	56.02
57.00	05700 CT SCAN	0.020246	120,244	2,434	57.00
58.00	05800 MRI	0.081092	8,946	725	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054592	0	0	59.00
60.00	06000 LABORATORY	0.072998	365,002	26,644	60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.167089	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.326325	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.153527	163,703	25,133	66.00
69.00	06900 ELECTROCARDIOLOGY	0.118857	69,744	8,290	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193744	1,432	277	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168	493	163	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.464105	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139590	1,941,515	271,016	73.00
74.00	07400 RENAL DIALYSIS	1.575793	0	0	74.00
76.00	03951 WOUND CARE	0.425217	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.890735	0	0	90.00
91.00	09100 EMERGENCY	0.118622	52,528	6,231	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346239	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,753,225	346,809	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,753,225		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0082 Component CCN: 14-T082	Period: From 06/01/2020 To 05/31/2021	Worksheet D-3 Date/Time Prepared: 10/29/2021 11:12 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,311,398		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.128679	14,070	1,811	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.124703	11,408	1,423	50.01
51.00	05100 RECOVERY ROOM	0.117782	6,623	780	51.00
53.00	05300 ANESTHESIOLOGY	0.230828	5,232	1,208	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.275891	28,089	7,750	54.00
54.01	03630 ULTRA SOUND	0.095775	3,265	313	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194402	0	0	55.00
56.00	05600 RADIOISOTOPE	0.117246	16,406	1,924	56.00
56.01	03650 VASCULAR LAB	0.066096	23,151	1,530	56.01
56.02	03950 STRAUSS ONCOLOGY	0.206025	0	0	56.02
57.00	05700 CT SCAN	0.020246	86,798	1,757	57.00
58.00	05800 MRI	0.081092	12,881	1,045	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054592	63,442	3,463	59.00
60.00	06000 LABORATORY	0.072998	312,890	22,840	60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.167089	7,034	1,175	63.00
65.00	06500 RESPIRATORY THERAPY	0.326325	15,527	5,067	65.00
66.00	06600 PHYSICAL THERAPY	0.153527	2,648,943	406,684	66.00
69.00	06900 ELECTROCARDIOLOGY	0.118857	37,785	4,491	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193744	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.330168	11,011	3,635	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.464105	16,879	7,834	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139590	540,057	75,387	73.00
74.00	07400 RENAL DIALYSIS	1.575793	26,184	41,261	74.00
76.00	03951 WOUND CARE	0.425217	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.684117	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.890735	0	0	90.00
91.00	09100 EMERGENCY	0.118622	3,791	450	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346239	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,891,466	591,828	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		3,891,466		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part A Date/Time Prepared: 10/29/2021 11:12 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)			5,221,456	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,780,872	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)			13,194	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			35,185	2.04
3.00	Managed Care Simulated Payments			6,007,153	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			115.18	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)			81.69	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			1.41	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.			4.46	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			10.00	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)			85.82	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			58.95	10.00
11.00	FTE count for residents in dental and podiatric programs.			13.82	11.00
12.00	Current year allowable FTE (see instructions)			72.77	12.00
13.00	Total allowable FTE count for the prior year.			77.74	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.			79.40	14.00
15.00	Sum of lines 12 through 14 divided by 3.			76.64	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			76.64	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.665393	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.681213	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.665393	21.00
22.00	IME payment adjustment (see instructions)			4,647,286	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,860,842	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)			-26.87	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			4,647,286	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,860,842	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			12.06	30.00
31.00	Percentage of Medicaid patient days (see instructions)			25.93	31.00
32.00	Sum of lines 30 and 31			37.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)			20.56	33.00
34.00	Disproportionate share adjustment (see instructions)			771,120	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part A Date/Time Prepared: 10/29/2021 11:12 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)	998,759	1,150,092		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	332,919	765,677		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,098,596			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)	21,567,709			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)			23,428,551	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,697,532	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).			3,251,157	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			42,221	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)			28,419,461	59.00
60.00	Primary payer payments			18,840	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			28,400,621	61.00
62.00	Deductibles billed to program beneficiaries			1,176,900	62.00
63.00	Coinsurance billed to program beneficiaries			92,792	63.00
64.00	Allowable bad debts (see instructions)			615,477	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			400,060	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			438,100	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			27,530,989	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)			-5,076	70.93
70.94	HRR adjustment amount (see instructions)			-49,550	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part A Date/Time Prepared: 10/29/2021 11:12 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)			86,678	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			27,389,685	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			28,119,767	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)			-730,082	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			374,985	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/29/2021 11:12 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	5,221,456	0	5,221,456		5,221,456
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,780,872	0		9,780,872	9,780,872
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	13,194	0	13,194		13,194
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	35,185	0		35,185	35,185
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	6,007,153	0	2,024,274	3,982,879	6,007,153
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.665393	0.665393	0.665393	0.665393	
6.00	IME payment adjustment (see instructions)	22.00	4,647,286	0	1,617,456	3,029,830	4,647,286
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,860,842	0	627,061	1,233,781	1,860,842
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	4,647,286	0	1,617,456	3,029,830	4,647,286
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,860,842	0	627,061	1,233,781	1,860,842
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2056	0.2056	0.2056	0.2056	
11.00	Disproportionate share adjustment (see instructions)	34.00	771,120	0	268,383	502,737	771,120
11.01	Uncompensated care payments	36.00	1,098,596	0	332,919	765,677	1,098,596
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	21,567,709	0	7,453,408	14,114,301	21,567,709
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	23,428,551	0	8,080,469	15,348,082	23,428,551
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,697,532	0	599,728	1,097,804	1,697,532

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/29/2021 11:12 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	
17.00	Special add-on payments for new technologies	54.00	42,221	0	0	42,221	42,221	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	8,680,197	16,488,107	25,168,304	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,166,685	0	412,350	754,335	1,166,685	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,222	0	542	1,680	2,222	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.4531	0.4531	0.4531	0.4531		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	528,625	0	186,836	341,789	528,625	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,697,532	0	599,728	1,097,804	1,697,532	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/29/2021 11:12 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	5,221,456	5,221,456		5,221,456	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,780,872		9,780,872	9,780,872	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	13,194	13,194		13,194	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	35,185		35,185	35,185	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,007,153	2,024,274	3,982,879	6,007,153	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.665393	0.665393	0.665393		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,647,286	1,617,456	3,029,830	4,647,286	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,860,842	627,061	1,233,781	1,860,842	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,647,286	1,617,456	3,029,830	4,647,286	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,860,842	627,061	1,233,781	1,860,842	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2056	0.2056	0.2056		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	771,120	268,383	502,737	771,120	11.00
11.01	Uncompensated care payments	36.00	1,098,596	332,919	765,677	1,098,596	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	21,567,709	7,453,408	14,114,301	21,567,709	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	23,428,551	8,080,469	15,348,082	23,428,551	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,697,532	599,728	1,097,804	1,697,532	16.00
17.00	Special add-on payments for new technologies	54.00	42,221	0	42,221	42,221	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,680,197	16,488,107	25,168,304	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/29/2021 11:12 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	1,166,685	412,350	754,335	1,166,685	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	2,222	542	1,680	2,222	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	0.4531	0.4531	0.4531		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	528,625	186,836	341,789	528,625	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	1,697,532	599,728	1,097,804	1,697,532	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	-5,076	-5,076	0	-5,076	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	-49,550	-7,310	-42,240	-49,550	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		86,678	0	86,678	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part B Date/Time Prepared: 10/29/2021 11:12 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,725	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,483,991	2.00
3.00	OPPS payments		7,115,014	3.00
4.00	Outlier payment (see instructions)		29,372	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)		2,725	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		22,161	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)		22,161	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)		22,161	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,436	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)		2,725	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		7,144,386	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)		1,300,088	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)		5,847,023	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,517,250	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)		7,364,273	30.00
31.00	Primary payer payments		1,179	31.00
32.00	Subtotal (line 30 minus line 31)		7,363,094	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)		430,199	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		279,629	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		331,195	36.00
37.00	Subtotal (see instructions)		7,642,723	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)		7,642,723	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		8,151,360	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)		-508,637	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part B Date/Time Prepared: 10/29/2021 11:12 am
		Component CCN: 14-S082		
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,196	2.00
3.00	OPPS payments		3,633	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		3,633	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)		727	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)		2,906	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,906	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,906	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,906	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,906	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		2,906	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part B Date/Time Prepared: 10/29/2021 11:12 am
		Component CCN: 14-T082		
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,103	2.00
3.00	OPPS payments		1,326	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,326	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)		265	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,061	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,061	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,061	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,061	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,061	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		1,061	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)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet E-1
Part I
Date/Time Prepared:
10/29/2021 11:12 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		27,911,274		7,911,719	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/20/2021	248,877	01/20/2021	255,014	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	09/07/2020	40,384	09/07/2020	15,373	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)		208,493		239,641	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)		28,119,767		8,151,360	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		730,082		508,637	6.02
7.00	Total Medicare program liability (see instructions)		27,389,685		7,642,723	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0082

Period:

Worksheet E-1

Component CCN: 14-S082

From 06/01/2020
To 05/31/2021Part I
Date/Time Prepared:
10/29/2021 11:12 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		1,422,817		2,906	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,422,817		2,906	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,422,817		2,906	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0082

Period:

Worksheet E-1

Component CCN: 14-T082

From 06/01/2020
To 05/31/2021Part I
Date/Time Prepared:
10/29/2021 11:12 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,640,739		1,061		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)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,640,739		1,061		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		46,580		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,687,319		1,061		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: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet E-1
Part II
Date/Time Prepared:
10/29/2021 11:12 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082 Component CCN: 14-S082	Period: From 06/01/2020 To 05/31/2021	Worksheet E-3 Part II Date/Time Prepared: 10/29/2021 11:12 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,346,027	1.00
2.00	Net IPF PPS Outlier Payments		184,851	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		7.432877	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,530,878	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,530,878	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,530,878	18.00
19.00	Deductibles		48,860	19.00
20.00	Subtotal (line 18 minus line 19)		1,482,018	20.00
21.00	Coinsurance		59,201	21.00
22.00	Subtotal (line 20 minus line 21)		1,422,817	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,422,817	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,422,817	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,422,817	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		184,851	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082 Component CCN: 14-T082	Period: From 06/01/2020 To 05/31/2021	Worksheet E-3 Part III Date/Time Prepared: 10/29/2021 11:12 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,356,183 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1275 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			249,755 3.00
4.00	Outlier Payments			96,041 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.731507 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,701,979 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,701,979 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,701,979 19.00
20.00	Deductibles			14,308 20.00
21.00	Subtotal (line 19 minus line 20)			2,687,671 21.00
22.00	Coinurance			352 22.00
23.00	Subtotal (line 21 minus line 22)			2,687,319 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,687,319 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,687,319 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,640,739 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			46,580 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			96,041 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 10/29/2021 11:12 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		0		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)		0	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)		0	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	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	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)		0	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	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		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)		0	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		32.00
33.00	Coinurance		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		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082 Component CCN: 14-S082	Period: From 06/01/2020 To 05/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 10/29/2021 11:12 am	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 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		0		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)		0	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)		0	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	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	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)		0	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	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)		0	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	Coinurance		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		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0082 Component CCN: 14-T082	Period: From 06/01/2020 To 05/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 10/29/2021 11:12 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 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		0		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)		0	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)		0	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	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	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)		0	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	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		0	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	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	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: 14-0082		Period: From 06/01/2020 To 05/31/2021		Worksheet E-4 Date/Time Prepared: 10/29/2021 11:12 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.					60.66	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.28	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)					3.59	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					10.00	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)					66.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					58.95	6.00
7.00	Enter the lesser of line 5 or line 6					58.95	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.	44.36	14.30	58.66		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	44.36	14.30	58.66		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		11.49			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		13.82			10.01	
11.00	Total weighted FTE count	44.36	25.79			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	44.08	29.79			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	39.83	37.27			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	42.76	30.95			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	42.76	30.95			17.00	
18.00	Per resident amount	137,739.36	130,427.06			18.00	
19.00	Approved amount for resident costs	5,889,735	4,036,718	9,926,453		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			9,926,453		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	9,843	1,850	1,241		26.00	
27.00	Total Inpatient Days (see instructions)	26,663	26,663	26,663		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.369163	0.069385	0.046544		28.00	
29.00	Program direct GME amount	3,664,479	688,747	462,017	4,815,243	29.00	
29.01	Percent reduction for MA DGME		4.07	4.07		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		28,032	18,804	46,836	30.00	
31.00	Net Program direct GME amount				4,768,407	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet E-4 Date/Time Prepared: 10/29/2021 11:12 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)			431,174	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)			24,647,773	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)			18,840	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			24,628,933	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			11,495,015	42.00
43.00	Primary payer payments (see instructions)			1,179	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			11,493,836	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			36,122,769	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.681812	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.318188	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			4,768,407	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,251,157	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,517,250	50.00

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

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
10/29/2021 11:12 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	591,966	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	68,587,821	0	0	0	4.00
5.00 Other receivable	772,452	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-41,612,310	0	0	0	6.00
7.00 Inventory	3,167,166	0	0	0	7.00
8.00 Prepaid expenses	2,116,111	0	0	0	8.00
9.00 Other current assets	0	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)	33,623,206	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	4,622,106	0	0	0	15.00
16.00 Accumulated depreciation	-170,577	0	0	0	16.00
17.00 Leasehold improvements	174,294	0	0	0	17.00
18.00 Accumulated depreciation	-19,366	0	0	0	18.00
19.00 Fixed equipment	155,321	0	0	0	19.00
20.00 Accumulated depreciation	-2,902	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	9,342,524	0	0	0	23.00
24.00 Accumulated depreciation	-3,271,431	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)	10,829,969	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	0	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	44,453,175	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	4,507,454	0	0	0	37.00
38.00 Salaries, wages, and fees payable	2,466,471	0	0	0	38.00
39.00 Payroll taxes payable	5,185,175	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	998,052	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	6,029,659	0	0	0	43.00
44.00 Other current liabilities	16,089,901	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	35,276,712	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	27,967,282	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	27,967,282	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	63,243,994	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-18,790,819	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	-18,790,819	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	44,453,175	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
10/29/2021 11:12 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		-12,315,868		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-6,474,951				2.00
3.00	Total (sum of line 1 and line 2)		-18,790,819		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-18,790,819		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-18,790,819		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
10/29/2021 11:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	35,558,198		35,558,198	1.00
2.00	SUBPROVIDER - IPF	3,440,597		3,440,597	2.00
3.00	SUBPROVIDER - IRF	4,508,291		4,508,291	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)	43,507,086		43,507,086	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,232,242		12,232,242	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,232,242		12,232,242	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	55,739,328		55,739,328	17.00
18.00	Ancillary services	222,952,442	177,713,062	400,665,504	18.00
19.00	Outpatient services	15,609,140	33,370,350	48,979,490	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC REVENUE	191,758	811,542	1,003,300	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	294,492,668	211,894,954	506,387,622	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		115,176,558		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)		115,176,558		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0082

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:

10/29/2021 11:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	506,387,622	1.00
2.00	Less contractual allowances and discounts on patients' accounts	418,144,179	2.00
3.00	Net patient revenues (line 1 minus line 2)	88,243,443	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	115,176,558	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,933,115	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	12,011	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	12,272	10.00
11.00	Rebates and refunds of expenses	10,535	11.00
12.00	Parking lot receipts	251,331	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	168,098	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	377,536	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER/MISCELLANEOUS REVENUE	50,657	24.00
24.01	MEDICARE BPCI REVENUE	205,034	24.01
24.02	SUPPLEMENTAL MEDICAID REVENUE	8,996,778	24.02
24.50	COVID-19 PHE Funding	19,431,886	24.50
25.00	Total other income (sum of lines 6-24)	29,516,138	25.00
26.00	Total (line 5 plus line 25)	2,583,023	26.00
27.00	LOSS RECORDED @ FYE 12/31/2020	9,057,974	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,057,974	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,474,951	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0082	Period: From 06/01/2020 To 05/31/2021	Worksheet L Parts I-III Date/Time Prepared: 10/29/2021 11:12 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,166,685	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,222	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)		57.88	3.00
4.00	Number of interns & residents (see instructions)		76.64	4.00
5.00	Indirect medical education percentage (see instructions)		45.31	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)		528,625	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)		1,697,532	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