

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: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 4/27/2022 2:36 pm
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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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OSF SACRED HEART MEDICAL CENTER (14-0093) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	167,138	-51,771	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	167,138	-51,771	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: 14-0093		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 2:36 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:				1.00			
2.00	City: DANVILLE			State: IL		Zip Code: 61821		County: VERMILION			
		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		OSF SACRED HEART MEDICAL CENTER		140093	19180	1	07/01/1966	0	P	0
4.00	Subprovider - IPF										3.00
5.00	Subprovider - IRF										4.00
6.00	Subprovider - (Other)										5.00
7.00	Swing Beds - SNF										6.00
8.00	Swing Beds - NF										7.00
9.00	Hospital-Based SNF										8.00
10.00	Hospital-Based NF										9.00
11.00	Hospital-Based OLTC										10.00
12.00	Hospital-Based HHA										11.00
13.00	Separately Certified ASC										12.00
14.00	Hospital-Based Hospice										13.00
15.00	Hospital-Based Health Clinic - RHC										14.00
16.00	Hospital-Based Health Clinic - FQHC										15.00
17.00	Hospital-Based (CMHC) I										16.00
18.00	Renal Dialysis										17.00
19.00	Other										18.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020	09/30/2021		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

MCRIF32 - 17.4.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 2:36 pm			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00		
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
		1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					70.00
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 2:36 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N			
				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.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	19,259	1,080,000	53,609118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0093		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 2:36 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 0131				141.00	
142.00	Street: 800 NE GLEN OAK AVE		PO Box:						142.00	
143.00	City: PEORIA		State: IL		Zip Code: 61603				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	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			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part II Date/Time Prepared: 4/27/2022 2:36 pm	
		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				
		1.00	2.00				
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				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		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)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2021	Y	12/14/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 4/27/2022 2:36 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBISNON	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA.C.ROBINSON@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING SR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	91	33,215	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)		91	33,215	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,284	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		103	37,499	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		103			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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,121	439	15,917			1.00
2.00	HMO and other (see instructions)	4,959	3,055				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,121	439	15,917			7.00
8.00	INTENSIVE CARE UNIT	588	49	1,759			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		99	745			13.00
14.00	Total (see instructions)	6,709	587	18,421	0.00	439.43	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	439.43	27.00
28.00	Observation Bed Days		665	2,447			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	118	149			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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,496	144	4,287	1.00
2.00 HMO and other (see instructions)			968	882		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,496	144	4,287	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	30,591,154	143,877	30,735,031	915,578.00	33.57
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		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		512,466	0	512,466	6,228.00	82.28
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		143,907	10,846	154,753	5,826.00	26.56
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,975,965	0	2,975,965	34,601.00	86.01
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		75,480	0	75,480	626.00	120.58
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		8,015,835	0	8,015,835	212,021.00	37.81
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,892,014	0	7,892,014		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		46,254	0	46,254		
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		0	0	0		
23.00	Physician Part B		74,490	0	74,490		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,939,339	0	2,939,339		
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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	577,373	-574,242	3,131	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,338,421	190,167	2,528,588	59,720.00	42.34	27.00
28.00	Administrative & General under contract (see inst.)		569,416	0	569,416	3,898.00	146.08	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	924,576	5,013	929,589	33,007.00	28.16	30.00
31.00	Laundry & Linen Service	8.00	38,194	957	39,151	2,147.00	18.24	31.00
32.00	Housekeeping	9.00	959,190	16,180	975,370	55,949.00	17.43	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	532,644	-256,959	275,685	16,728.00	16.48	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	266,399	266,399	16,738.00	15.92	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,249,130	5,328	1,254,458	34,219.00	36.66	38.00
39.00	Central Services and Supply	14.00	347,055	2,647	349,702	15,761.00	22.19	39.00
40.00	Pharmacy	15.00	1,067,230	2,038	1,069,268	21,942.00	48.73	40.00
41.00	Medical Records & Medical Records Library	16.00	114,169	619	114,788	6,288.00	18.26	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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
4/27/2022 2:36 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	30,648,104	143,877	30,791,981	913,248.00	33.72	1.00
2.00	Excluded area salaries (see instructions)	143,907	10,846	154,753	5,826.00	26.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,504,197	133,031	30,637,228	907,422.00	33.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,067,280	0	11,067,280	247,248.00	44.76	4.00
5.00	Subtotal wage-related costs (see inst.)	10,831,353	0	10,831,353	0.00	35.35	5.00
6.00	Total (sum of lines 3 thru 5)	52,402,830	133,031	52,535,861	1,154,670.00	45.50	6.00
7.00	Total overhead cost (see instructions)	8,717,398	-341,853	8,375,545	266,397.00	31.44	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,137,438	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)	4,313,792	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	102,407	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	183,357	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	2,202,540	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	73,224	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,012,758	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: 14-0093

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 4/27/2022 2:36 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,975,965	8,012,758	1.00
2.00	Hospital	2,975,965	8,012,758	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 4/27/2022 2:36 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.161000 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	10,289,707		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	125,073,838		6.00
7.00	Medicaid cost (line 1 times line 6)	20,136,888		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)	9,847,181		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)	9,847,181		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,405,496	740,363	12,145,859 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,836,285	740,363	2,576,648 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)	1,836,285	740,363	2,576,648 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,172,283		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	299,210		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	460,323		27.01
28.00	Non-Medicare bad debt expense (see instructions)	3,711,960		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	758,739		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,335,387		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,182,568		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

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

Worksheet A

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,258,011	3,258,011	227,436	3,485,447	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,890,959	1,890,959	74,919	1,965,878	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	577,373	8,054,970	8,632,343	354,788	8,987,131	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,338,421	24,505,852	26,844,273	-2,132,178	24,712,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,650,075	1,650,075	-1,174,703	475,372	6.00
7.00	00700	OPERATION OF PLANT	924,576	1,606,415	2,530,991	5,013	2,536,004	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,194	392,908	431,102	957	432,059	8.00
9.00	00900	HOUSEKEEPING	959,190	187,498	1,146,688	24,745	1,171,433	9.00
10.00	01000	DIETARY	532,644	974,565	1,507,209	-739,460	767,749	10.00
11.00	01100	CAFETERIA	0	0	0	753,823	753,823	11.00
13.00	01300	NURSING ADMINISTRATION	1,249,130	52,876	1,302,006	30,827	1,332,833	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	347,055	63,663	410,718	-2,537	408,181	14.00
15.00	01500	PHARMACY	1,067,230	787,845	1,855,075	5,787	1,860,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,169	1,110	115,279	619	115,898	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	911,400	911,400	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,296,326	6,307,853	14,604,179	-1,563,693	13,040,486	30.00
31.00	03100	INTENSIVE CARE UNIT	1,337,495	742,505	2,080,000	24,522	2,104,522	31.00
43.00	04300	NURSERY	0	0	0	420,761	420,761	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,095,614	2,859,175	3,954,789	-1,434,920	2,519,869	50.00
51.00	05100	RECOVERY ROOM	305,875	6,201	312,076	3,909	315,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,005,376	1,005,376	52.00
53.00	05300	ANESTHESIOLOGY	8,489	2,597,522	2,606,011	46	2,606,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	839,766	196,501	1,036,267	1,099,430	2,135,697	54.00
54.01	03630	ULTRASOUND	199,321	231,323	430,644	37,747	468,391	54.01
54.02	03440	MAMMOGRAPHY	184,016	33,478	217,494	25,157	242,651	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	523,043	14,651	537,694	9,645	547,339	55.00
55.01	03480	ONCOLOGY	709,815	55,733	765,548	16,259	781,807	55.01
56.00	05600	RADIOISOTOPE	114,601	103,930	218,531	16,531	235,062	56.00
57.00	05700	CT SCAN	475,563	293,904	769,467	66,891	836,358	57.00
58.00	05800	MRI	185,670	20,395	206,065	20,861	226,926	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,501,229	2,222,692	3,723,921	119,936	3,843,857	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	300,692	300,692	0	300,692	63.00
65.00	06500	RESPIRATORY THERAPY	1,274,003	526,236	1,800,239	18,923	1,819,162	65.00
66.00	06600	PHYSICAL THERAPY	287,912	250,516	538,428	24,868	563,296	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,831	112,193	223,024	42,686	265,710	67.00
68.00	06800	SPEECH PATHOLOGY	24,077	57,819	81,896	15,585	97,481	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	374,658	17,906	392,564	43,144	435,708	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-239,411	-239,411	327,521	88,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,271,837	1,271,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,332,755	9,332,755	174,709	9,507,464	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	677,686	120,000	797,686	9,675	807,361	75.00
76.97	07697	CARDIAC REHABILITATION	177,115	10,124	187,239	18,922	206,161	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,596,160	1,329,422	4,925,582	8,079	4,933,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,447,247	70,930,862	101,378,109	165,843	101,543,952	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,272	42,288	70,560	1,053	71,613	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	234,475	234,475	-176,689	57,786	192.00
192.01	19201	APOTHECARY	0	323,681	323,681	0	323,681	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	547,836	547,836	0	547,836	192.03
192.04	19204	OUTREACH PROGRAMS	115,635	24,987	140,622	9,793	150,415	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	30,591,154	72,104,129	102,695,283	0	102,695,283	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

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

Worksheet A

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-727,273	2,758,174	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	919,868	2,885,746	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-68,913	8,918,218	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,119,641	16,592,454	5.00
6.00	00600	MAINTENANCE & REPAIRS	-4,620	470,752	6.00
7.00	00700	OPERATION OF PLANT	0	2,536,004	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	432,059	8.00
9.00	00900	HOUSEKEEPING	0	1,171,433	9.00
10.00	01000	DIETARY	-5,214	762,535	10.00
11.00	01100	CAFETERIA	-194,352	559,471	11.00
13.00	01300	NURSING ADMINISTRATION	1,028,966	2,361,799	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	408,181	14.00
15.00	01500	PHARMACY	0	1,860,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-28,342	87,556	16.00
17.00	01700	SOCIAL SERVICE	286,688	1,198,088	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,038,780	9,001,706	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,104,522	31.00
43.00	04300	NURSERY	0	420,761	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-244	2,519,625	50.00
51.00	05100	RECOVERY ROOM	0	315,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,005,376	52.00
53.00	05300	ANESTHESIOLOGY	-2,524,616	81,441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-161,150	1,974,547	54.00
54.01	03630	ULTRASOUND	-5,192	463,199	54.01
54.02	03440	MAMMOGRAPHY	0	242,651	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	547,339	55.00
55.01	03480	ONCOLOGY	0	781,807	55.01
56.00	05600	RADIOISOTOPE	-1,110	233,952	56.00
57.00	05700	CT SCAN	0	836,358	57.00
58.00	05800	MRI	0	226,926	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-40,480	3,803,377	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	300,692	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,819,162	65.00
66.00	06600	PHYSICAL THERAPY	0	563,296	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	265,710	67.00
68.00	06800	SPEECH PATHOLOGY	0	97,481	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	0	435,708	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	88,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,271,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,901	9,525,365	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	807,361	75.00
76.97	07697	CARDIAC REHABILITATION	-2,035	204,126	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-302,451	4,631,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,970,990	87,572,962	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	71,613	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	57,786	192.00
192.01	19201	APOTHECARY	0	323,681	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	547,836	192.03
192.04	19204	OUTREACH PROGRAMS	0	150,415	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,970,990	88,724,293	200.00

RECLASSIFICATIONS

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - OTHER BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	198,968	0		1.00
2.00	OPERATION OF PLANT	7.00	5,013	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	957	0		3.00
4.00	HOUSEKEEPING	9.00	24,745	0		4.00
5.00	DIETARY	10.00	14,363	0		5.00
6.00	NURSING ADMINISTRATION	13.00	30,827	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,647	0		7.00
8.00	PHARMACY	15.00	5,787	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	619	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	183,995	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	24,522	0		11.00
12.00	OPERATING ROOM	50.00	27,994	0		12.00
13.00	RECOVERY ROOM	51.00	3,909	0		13.00
14.00	ANESTHESIOLOGY	53.00	46	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	34,768	0		15.00
16.00	ULTRASOUND	54.01	2,206	0		16.00
17.00	MAMMOGRAPHY	54.02	3,248	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	6,361	0		18.00
19.00	ONCOLOGY	55.01	18,820	0		19.00
20.00	RADIOISOTOPE	56.00	1,371	0		20.00
21.00	CT SCAN	57.00	7,454	0		21.00
22.00	MRI	58.00	2,507	0		22.00
23.00	LABORATORY	60.00	29,472	0		23.00
24.00	RESPIRATORY THERAPY	65.00	18,923	0		24.00
25.00	PHYSICAL THERAPY	66.00	1,561	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	601	0		26.00
27.00	SPEECH PATHOLOGY	68.00	131	0		27.00
28.00	CARDIOLOGY	69.01	5,782	0		28.00
29.00	ASC (NON-DISTINCT PART)	75.00	9,675	0		29.00
30.00	CARDIAC REHABILITATION	76.97	2,835	0		30.00
31.00	EMERGENCY	91.00	68,889	0		31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,053	0		32.00
33.00	OUTREACH PROGRAMS	192.04	9,793	0		33.00
	0		749,842	0		
	B - RADIOLOGY ADMIN					
1.00	ULTRASOUND	54.01	35,424	117		1.00
2.00	MAMMOGRAPHY	54.02	21,837	72		2.00
3.00	RADIOISOTOPE	56.00	17,272	57		3.00
4.00	CT SCAN	57.00	59,241	196		4.00
5.00	MRI	58.00	18,482	61		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	3,273	11		6.00
7.00	CARDIOLOGY	69.01	37,239	123		7.00
8.00	CARDIAC REHABILITATION	76.97	16,034	53		8.00
	0		208,802	690		
	C - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,990		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	41,990		
	D - SHARED RADIOLOGY					
1.00		0.00	0	0		1.00
	0		0	0		
	E - DIETARY/CAFETERIA					
1.00	CAFETERIA	11.00	266,399	487,424		1.00
	0		266,399	487,424		
	F - ALTERNATIVE BIRTHING CTR					
1.00	NURSERY	43.00	345,200	75,561		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	824,828	180,548		2.00
	0		1,170,028	256,109		
	G - MSCTP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	327,521		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	327,521		
	H - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,271,837		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		0	1,271,837		
	I - HTM / PCI SERVICES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,274,154		1.00
2.00	LABORATORY	60.00	0	90,464		2.00
	0		0	1,364,618		
	J - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,072,235		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	189,915		2.00
3.00	SOCIAL SERVICE	17.00	0	911,400		3.00
4.00	PHYSICAL THERAPY	66.00	0	51,615		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	21,380		5.00
6.00	SPEECH PATHOLOGY	68.00	0	7,851		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	132,719		7.00
	0		0	2,387,115		
	K - SHORT TERM DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,801		1.00
2.00	HOUSEKEEPING	9.00	0	8,565		2.00
3.00	DIETARY	10.00	0	4,923		3.00
4.00	NURSING ADMINISTRATION	13.00	0	25,499		4.00
5.00	PHARMACY	15.00	0	3,749		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	29,415		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	1,469		7.00
8.00	LABORATORY	60.00	0	4,578		8.00
9.00	RESPIRATORY THERAPY	65.00	0	2,290		9.00
10.00	PHYSICAL THERAPY	66.00	0	4,489		10.00
11.00	EMERGENCY	91.00	0	7,466		11.00
	0		0	101,244		
	M - PROPERTY INSURANCE & TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	125,666		1.00
2.00	OTHER CAP REL COSTS	3.00	0	176,689		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	302,355		
	N - HOSPITALIST & PALLIATIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,395		1.00
2.00	ADULTS & PEDIATRICS	30.00	69,521	0		2.00
	0		69,521	32,395		
	O - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	20,633	72		1.00
2.00	SPEECH PATHOLOGY	68.00	7,577	26		2.00
	0		28,210	98		
	P - MINISTRY OSFMG					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	189,115		1.00
	TOTALS		0	189,115		
	Q - PHYSICIAN EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	0	7,480		1.00
	TOTALS		0	7,480		
500.00	Grand Total: Increases		2,492,802	6,769,991		500.00

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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 - OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	574,242	175,600	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
	0		574,242	175,600			
	B - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	208,802	690	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	0		208,802	690			
	C - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	34,760	0		1.00
2.00	OPERATING ROOM	50.00	0	2,311	0		2.00
3.00	ONCOLOGY	55.01	0	2,561	0		3.00
4.00	RADIOISOTOPE	56.00	0	2,169	0		4.00
5.00	MRI	58.00	0	189	0		5.00
	0		0	41,990			
	D - SHARED RADIOLOGY						
1.00		0.00	0	0	0		1.00
	0		0	0			
	E - DIETARY/CAFETERIA						
1.00	DIETARY	10.00	266,399	487,424	0		1.00
	0		266,399	487,424			
	F - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	1,170,028	256,109	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,170,028	256,109			
	G - MSCTP						
1.00	ADULTS & PEDIATRICS	30.00	0	37,029	0		1.00
2.00	OPERATING ROOM	50.00	0	229,682	0		2.00
3.00	EMERGENCY	91.00	0	60,810	0		3.00
	0		0	327,521			
	H - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,184	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	35,732	0		2.00
3.00	OPERATING ROOM	50.00	0	1,230,921	0		3.00
	0		0	1,271,837			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - HTM / PCI SERVICES						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,364,618	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,364,618			
	J - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,387,115	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	2,387,115			
	K - SHORT TERM DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	8,801	0	0		1.00
2.00	HOUSEKEEPING	9.00	8,565	0	0		2.00
3.00	DIETARY	10.00	4,923	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	25,499	0	0		4.00
5.00	PHARMACY	15.00	3,749	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	29,415	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	1,469	0	0		7.00
8.00	LABORATORY	60.00	4,578	0	0		8.00
9.00	RESPIRATORY THERAPY	65.00	2,290	0	0		9.00
10.00	PHYSICAL THERAPY	66.00	4,489	0	0		10.00
11.00	EMERGENCY	91.00	7,466	0	0		11.00
	0		101,244	0			
	M - PROPERTY INSURANCE & TAXES						
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	13		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	125,666	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	176,689	0		4.00
	0		0	302,355			
	N - HOSPITALIST & PALLIATIVE						
1.00	ADULTS & PEDIATRICS	30.00	0	101,916	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	101,916			
	O - REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	28,210	98	0		1.00
2.00		0.00	0	0	0		2.00
	0		28,210	98			
	P - MINISTRY OSFMG						
1.00	ADULTS & PEDIATRICS	30.00	0	189,115	0		1.00
	TOTALS		0	189,115			
	Q - PHYSICIAN EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,480	0		1.00
	TOTALS		0	7,480			
500.00	Grand Total: Decreases		2,348,925	6,913,868			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

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Part I
Date/Time Prepared:
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			Acquisitions			Disposals and Retirements		
			Beginning Balances	Purchases	Donation			Total
				1.00	2.00			3.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	2,025,000	0	0	0	0	1.00	
2.00	Land Improvements	1,102,099	197,752	0	197,752	0	2.00	
3.00	Buildings and Fixtures	41,975,719	706,819	0	706,819	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	13,517,833	970,247	0	970,247	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	58,620,651	1,874,818	0	1,874,818	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	58,620,651	1,874,818	0	1,874,818	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	2,025,000	0					1.00
2.00	Land Improvements	1,299,851	0					2.00
3.00	Buildings and Fixtures	42,682,538	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	14,488,080	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	60,495,469	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	60,495,469	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
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Part II
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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	3,258,011	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,890,959	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,148,970	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	3,258,011				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,890,959				2.00
3.00	Total (sum of lines 1-2)	0	5,148,970				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Part III
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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	43,982,390	0	43,982,390	0.752215	94,528	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,488,080	0	14,488,080	0.247785	31,138	2.00
3.00	Total (sum of lines 1-2)	58,470,470	0	58,470,470	1.000000	125,666	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	132,908	0	227,436	2,530,738	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43,781	0	74,919	2,810,827	0	2.00
3.00	Total (sum of lines 1-2)	176,689	0	302,355	5,341,565	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	94,528	132,908	0	2,758,174	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,138	43,781	0	2,885,746	2.00
3.00	Total (sum of lines 1-2)	0	125,666	176,689	0	5,643,920	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

Period:
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To 09/30/2021

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Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,535,173			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	-191,003			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-194,352	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-28,342	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-41,726	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-7,363	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-123,556	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE - SURGERY	A	-244	OPERATING ROOM	50.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

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

Worksheet A-8

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	OTHER REVENUE - ADMIN	B	-455	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	INSERVICE EDUCATION	B	-500	NURSING ADMINISTRATION	13.00	0	33.02
33.03	MEDICAID ASSESSMENT	A	-6,209,224	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	LOBBYING DUES	A	-23,425	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	RECRUITING	A	-17,189	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	RECRUITING	A	-1,800	NURSING ADMINISTRATION	13.00	0	33.06
33.07	RECRUITING	B	-7,200	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	RECRUITING	B	-3,000	LABORATORY	60.00	0	33.08
33.09	RECRUITING	B	-900	CARDIAC REHABILITATION	76.97	0	33.09
33.10	RECRUITING	B	-900	EMERGENCY	91.00	0	33.10
33.11	OTHER REVENUE - DIETARY	A	-5,214	DIETARY	10.00	0	33.11
33.12	OCC MED	A	-20,716	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	OTHER REVENUE	A	-1,135	CARDIAC REHABILITATION	76.97	0	33.13
33.14	OTHER REVENUE	A	-1,110	RADIOISOTOPE	56.00	0	33.14
33.15	APP / PA	A	-508,266	ADULTS & PEDIATRICS	30.00	0	33.15
33.16	APP / PA BENEFITS	A	-48,197	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	OTHER REVENUE		0		0.00	0	33.17
33.18	OTHER REVENUE		0		0.00	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.)		-13,970,990				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
4/27/2022 2:36 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	252,804	972,714	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,043,424	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	1,072,235	1,072,235	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	6,680,415	9,860,644	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	189,915	189,915	3.02
3.06	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - EICU	190,586	190,586	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED PT REH	51,615	51,615	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED OT REH	21,380	21,380	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED ST REH	7,851	7,851	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	596,420	596,420	3.10
3.11	17.00	SOCIAL SERVICE	MINISTRY CHG - CARE MANAGEME	1,198,088	911,400	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	4,552,298	3,195,490	3.12
3.13	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	1,031,266	0	3.13
3.14	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - CARE HUB	170,147	170,147	3.14
3.15	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - SAFETY CO	151,571	151,571	3.15
3.16	6.00	MAINTENANCE & REPAIRS	PCI HTM - ENGINEERING	271,187	275,698	3.16
3.17	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTM - IMAGING	1,253,304	1,274,154	3.17
3.18	60.00	LABORATORY	PCI HTM - LABORATORY	88,984	90,464	3.18
3.19	5.00	ADMINISTRATIVE & GENERAL	PCI CREDENTIALING	51,072	51,073	3.19
4.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - MINISTRY OSFM	189,115	189,115	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL AD	409,194	409,194	4.01
4.02	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - FUNCTIONAL 34	17,901	0	4.02
4.03	6.00	MAINTENANCE & REPAIRS	ETS TECH	193	302	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,490,965	19,681,968	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
4/27/2022 2:36 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-719,910	9		1.00
2.00	1,043,424	9		2.00
3.00	0	0		3.00
3.01	-3,180,229	0		3.01
3.02	0	0		3.02
3.06	0	9		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	286,688	0		3.11
3.12	1,356,808	0		3.12
3.13	1,031,266	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	-4,511	11		3.16
3.17	-20,850	11		3.17
3.18	-1,480	11		3.18
3.19	-1	11		3.19
4.00	0	0		4.00
4.01	0	0		4.01
4.02	17,901	0		4.02
4.03	-109	0		4.03
5.00	-191,003			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0093

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

Worksheet A-8-2

Date/Time Prepared:
4/27/2022 2:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,200	4,200	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,523,314	3,523,314	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,524,616	2,524,616	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	140,300	140,300	0	0	0	4.00
5.00	54.01	ULTRASOUND	5,192	5,192	0	0	0	5.00
6.00	60.00	LABORATORY	36,000	36,000	0	0	0	6.00
7.00	91.00	EMERGENCY	301,551	301,551	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,535,173	6,535,173	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	54.01	ULTRASOUND	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	4,200		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,523,314		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	2,524,616		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	140,300		4.00
5.00	54.01	ULTRASOUND	0	0	0	5,192		5.00
6.00	60.00	LABORATORY	0	0	0	36,000		6.00
7.00	91.00	EMERGENCY	0	0	0	301,551		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	6,535,173		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,758,174	2,758,174				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,885,746		2,885,746			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,918,218	21,861	0	8,940,079		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,592,454	232,968	2,047,673	736,734	19,609,829	5.00
6.00	00600	MAINTENANCE & REPAIRS	470,752	25,030	0	0	495,782	6.00
7.00	00700	OPERATION OF PLANT	2,536,004	1,118,260	13,271	270,847	3,938,382	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	432,059	7,342	0	11,407	450,808	8.00
9.00	00900	HOUSEKEEPING	1,171,433	10,345	2,263	284,186	1,468,227	9.00
10.00	01000	DIETARY	762,535	33,655	4,348	80,324	880,862	10.00
11.00	01100	CAFETERIA	559,471	33,671	1,820	77,619	672,581	11.00
13.00	01300	NURSING ADMINISTRATION	2,361,799	15,841	160,095	365,501	2,903,236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	408,181	16,629	14,395	101,890	541,095	14.00
15.00	01500	PHARMACY	1,860,862	18,986	16,842	311,544	2,208,234	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,556	15,127	0	33,445	136,128	16.00
17.00	01700	SOCIAL SERVICE	1,198,088	4,024	0	0	1,202,112	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,001,706	338,957	14,928	2,141,307	11,496,898	30.00
31.00	03100	INTENSIVE CARE UNIT	2,104,522	42,942	0	396,412	2,543,876	31.00
43.00	04300	NURSERY	420,761	30,097	3,347	86,868	541,073	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,519,625	216,370	114,611	327,377	3,177,983	50.00
51.00	05100	RECOVERY ROOM	315,985	13,190	0	90,259	419,434	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,005,376	40,900	9,258	240,324	1,295,858	52.00
53.00	05300	ANESTHESIOLOGY	81,441	6,974	29,267	2,487	120,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,974,547	109,187	67,496	193,969	2,345,199	54.00
54.01	03630	ULTRASOUND	463,199	4,932	27,618	69,039	564,788	54.01
54.02	03440	MAMMOGRAPHY	242,651	31,914	120,030	60,924	455,519	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	547,339	0	41,722	155,202	744,263	55.00
55.01	03480	ONCOLOGY	781,807	0	8,499	212,297	1,002,603	55.01
56.00	05600	RADIOISOTOPE	233,952	4,707	0	38,822	277,481	56.00
57.00	05700	CT SCAN	836,358	9,287	72,049	157,993	1,075,687	57.00
58.00	05800	MRI	226,926	6,329	0	60,213	293,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,803,377	55,855	12,965	444,654	4,316,851	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	300,692	0	807	0	301,499	63.00
65.00	06500	RESPIRATORY THERAPY	1,819,162	32,132	6,783	376,042	2,234,119	65.00
66.00	06600	PHYSICAL THERAPY	563,296	6,509	0	74,814	644,619	66.00
67.00	06700	OCCUPATIONAL THERAPY	265,710	6,509	0	38,479	310,698	67.00
68.00	06800	SPEECH PATHOLOGY	97,481	6,712	0	9,261	113,454	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	435,708	2,432	69,513	121,696	629,349	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,110	0	0	0	88,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,271,837	0	0	0	1,271,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,525,365	0	0	0	9,525,365	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	807,361	63,940	1,160	200,271	1,072,732	75.00
76.97	07697	CARDIAC REHABILITATION	204,126	0	10,032	57,102	271,260	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,631,210	114,044	14,437	1,065,681	5,825,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,572,962	2,697,658	2,885,229	8,894,990	87,466,840	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,613	8,115	0	8,544	88,272	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,786	0	0	0	57,786	192.00
192.01	19201	APOTHECARY	323,681	0	0	0	323,681	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	547,836	0	0	0	547,836	192.03
192.04	19204	OUTREACH PROGRAMS	150,415	52,401	517	36,545	239,878	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	88,724,293	2,758,174	2,885,746	8,940,079	88,724,293	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,609,829					5.00
6.00	00600	MAINTENANCE & REPAIRS	140,668	636,450				6.00
7.00	00700	OPERATION OF PLANT	1,117,437	287,176	5,342,995			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,908	1,886	28,844	609,446		8.00
9.00	00900	HOUSEKEEPING	416,580	2,657	40,641	0	1,928,105	9.00
10.00	01000	DIETARY	249,927	8,643	132,216	0	15,571	10.00
11.00	01100	CAFETERIA	190,831	8,647	132,275	0	15,571	11.00
13.00	01300	NURSING ADMINISTRATION	823,735	4,068	62,230	0	8,660	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	153,525	4,270	65,326	0	0	14.00
15.00	01500	PHARMACY	626,542	4,876	74,587	0	10,643	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,624	3,885	59,428	0	6,444	16.00
17.00	01700	SOCIAL SERVICE	341,075	1,033	15,808	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,261,996	87,047	1,331,595	170,466	843,365	30.00
31.00	03100	INTENSIVE CARE UNIT	721,774	11,028	168,699	23,279	127,220	31.00
43.00	04300	NURSERY	153,519	7,729	118,236	13,006	10,643	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	901,689	55,565	850,011	40,146	122,934	50.00
51.00	05100	RECOVERY ROOM	119,006	3,387	51,819	14,319	22,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	367,674	10,503	160,677	19,731	105,759	52.00
53.00	05300	ANESTHESIOLOGY	34,096	1,791	27,399	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	665,403	28,040	428,943	58,271	50,387	54.00
54.01	03630	ULTRASOUND	160,247	1,267	19,377	0	117	54.01
54.02	03440	MAMMOGRAPHY	129,244	8,196	125,374	16,307	32,979	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	211,170	0	0	0	62,021	55.00
55.01	03480	ONCOLOGY	284,469	0	0	13,434	0	55.01
56.00	05600	RADIOISOTOPE	78,730	1,209	18,492	0	5,044	56.00
57.00	05700	CT SCAN	305,205	2,385	36,483	0	10,643	57.00
58.00	05800	MRI	83,266	1,625	24,862	0	9,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,224,820	14,344	219,426	0	29,159	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85,544	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	633,887	8,252	126,229	0	24,873	65.00
66.00	06600	PHYSICAL THERAPY	182,898	1,672	25,570	4,389	12,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	88,154	1,672	25,570	0	3,674	67.00
68.00	06800	SPEECH PATHOLOGY	32,190	1,724	26,367	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	178,565	625	9,556	7,264	8,864	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,999	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	360,858	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,702,632	0	0	0	10,497	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	304,366	16,420	251,190	19,643	26,476	75.00
76.97	07697	CARDIAC REHABILITATION	76,965	0	0	0	16,096	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,652,833	29,287	448,024	209,191	226,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,253,051	620,909	5,105,254	609,446	1,818,497	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,045	2,084	31,882	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,396	0	0	0	0	192.00
192.01	19201	APOTHECARY	91,838	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	155,438	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	68,061	13,457	205,859	0	109,608	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	19,609,829	636,450	5,342,995	609,446	1,928,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,287,219					10.00
11.00	01100	CAFETERIA	0	1,019,905				11.00
13.00	01300	NURSING ADMINISTRATION	0	47,851	3,849,780			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,049	0	786,265		14.00
15.00	01500	PHARMACY	0	30,688	0	0	2,955,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,785	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,118,208	299,293	2,618,410	109,777	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	48,083	225,860	32,597	316,525	31.00
43.00	04300	NURSERY	7,220	11,403	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,945	43,866	47,604	90,183	0	50.00
51.00	05100	RECOVERY ROOM	0	10,297	34,921	670	9,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,954	31,590	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	291	0	10,402	226,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,467	0	2,429	0	54.00
54.01	03630	ULTRASOUND	0	7,476	0	9,455	3,793	54.01
54.02	03440	MAMMOGRAPHY	0	8,116	0	3,430	509	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,781	0	1,119	0	55.00
55.01	03480	ONCOLOGY	0	27,489	89,041	8,747	0	55.01
56.00	05600	RADIOISOTOPE	0	4,916	0	456	0	56.00
57.00	05700	CT SCAN	0	20,304	0	14,096	956,091	57.00
58.00	05800	MRI	0	7,098	0	2,835	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	80,197	0	11,861	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	133	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	51,225	1,042	80,286	764	65.00
66.00	06600	PHYSICAL THERAPY	0	9,337	0	731	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,887	0	68	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,280	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	74,648	14,370	161,403	2,466	3,335	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	55,114	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	214,017	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,066	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	24,434	0	17,042	51,961	75.00
76.97	07697	CARDIAC REHABILITATION	0	8,639	0	411	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	65,244	146,548	671,499	66,551	1,387,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,287,219	1,011,760	3,849,780	741,942	2,955,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,327	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	44,323	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	5,818	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	1,287,219	1,019,905	3,849,780	786,265	2,955,570	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	253,294					16.00
17.00	01700	SOCIAL SERVICE	0	1,560,028				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,878	1,347,971	22,711,904	0	22,711,904	30.00
31.00	03100	INTENSIVE CARE UNIT	3,067	148,965	4,370,973	0	4,370,973	31.00
43.00	04300	NURSERY	698	63,092	926,619	0	926,619	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,672	0	5,347,598	0	5,347,598	50.00
51.00	05100	RECOVERY ROOM	631	0	686,142	0	686,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,667	0	2,013,413	0	2,013,413	52.00
53.00	05300	ANESTHESIOLOGY	5,578	0	425,848	0	425,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,569	0	3,613,708	0	3,613,708	54.00
54.01	03630	ULTRASOUND	2,819	0	769,339	0	769,339	54.01
54.02	03440	MAMMOGRAPHY	1,497	0	781,171	0	781,171	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	7,231	0	1,037,585	0	1,037,585	55.00
55.01	03480	ONCOLOGY	3,405	0	1,429,188	0	1,429,188	55.01
56.00	05600	RADIOISOTOPE	1,807	0	388,135	0	388,135	56.00
57.00	05700	CT SCAN	25,319	0	2,446,213	0	2,446,213	57.00
58.00	05800	MRI	3,785	0	426,153	0	426,153	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	35,409	0	5,932,067	0	5,932,067	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	531	0	387,707	0	387,707	63.00
65.00	06500	RESPIRATORY THERAPY	8,027	0	3,168,704	0	3,168,704	65.00
66.00	06600	PHYSICAL THERAPY	1,774	0	883,674	0	883,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,067	0	435,790	0	435,790	67.00
68.00	06800	SPEECH PATHOLOGY	264	0	175,279	0	175,279	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	6,475	0	1,096,920	0	1,096,920	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	236	0	168,459	0	168,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,023	0	1,850,735	0	1,850,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,475	0	12,298,035	0	12,298,035	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,374	0	1,785,638	0	1,785,638	75.00
76.97	07697	CARDIAC REHABILITATION	165	0	373,536	0	373,536	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	35,851	0	10,764,171	0	10,764,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,294	1,560,028	86,694,704	0	86,694,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	149,610	0	149,610	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	74,182	0	74,182	192.00
192.01	19201	APOTHECARY	0	0	459,842	0	459,842	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	703,274	0	703,274	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	642,681	0	642,681	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	253,294	1,560,028	88,724,293	0	88,724,293	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,861	0	21,861	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,681	232,968	2,047,673	2,286,322	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	25,030	0	25,030	6.00
7.00	00700	OPERATION OF PLANT	42,891	1,118,260	13,271	1,174,422	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,342	0	7,342	8.00
9.00	00900	HOUSEKEEPING	0	10,345	2,263	12,608	9.00
10.00	01000	DIETARY	3,311	33,655	4,348	41,314	10.00
11.00	01100	CAFETERIA	0	33,671	1,820	35,491	11.00
13.00	01300	NURSING ADMINISTRATION	0	15,841	160,095	175,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,793	16,629	14,395	73,817	14.00
15.00	01500	PHARMACY	20,137	18,986	16,842	55,965	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,127	0	15,127	16.00
17.00	01700	SOCIAL SERVICE	0	4,024	0	4,024	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,620	338,957	14,928	465,505	30.00
31.00	03100	INTENSIVE CARE UNIT	20	42,942	0	42,962	31.00
43.00	04300	NURSERY	1,141	30,097	3,347	34,585	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	216,370	114,611	330,981	50.00
51.00	05100	RECOVERY ROOM	0	13,190	0	13,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,900	9,258	50,158	52.00
53.00	05300	ANESTHESIOLOGY	0	6,974	29,267	36,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	109,187	67,496	176,683	54.00
54.01	03630	ULTRASOUND	0	4,932	27,618	32,550	54.01
54.02	03440	MAMMOGRAPHY	0	31,914	120,030	151,944	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	41,722	41,722	55.00
55.01	03480	ONCOLOGY	0	0	8,499	8,499	55.01
56.00	05600	RADIOISOTOPE	0	4,707	0	4,707	56.00
57.00	05700	CT SCAN	0	9,287	72,049	81,336	57.00
58.00	05800	MRI	0	6,329	0	6,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	55,855	12,965	68,820	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	807	807	63.00
65.00	06500	RESPIRATORY THERAPY	0	32,132	6,783	38,915	65.00
66.00	06600	PHYSICAL THERAPY	0	6,509	0	6,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,509	0	6,509	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,712	0	6,712	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,432	69,513	71,945	69.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	63,940	1,160	65,100	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	10,032	10,032	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	114,044	14,437	128,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,594	2,697,658	2,885,229	5,810,481	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,115	0	8,115	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	213,936	0	0	213,936	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	52,401	517	52,918	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
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)	441,530	2,758,174	2,885,746	6,085,450	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,288,122					5.00
6.00	00600	MAINTENANCE & REPAIRS	16,413	41,443				6.00
7.00	00700	OPERATION OF PLANT	130,384	18,700	1,324,168			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,924	123	7,148	29,565		8.00
9.00	00900	HOUSEKEEPING	48,607	173	10,072	0	72,154	9.00
10.00	01000	DIETARY	29,162	563	32,767	0	583	10.00
11.00	01100	CAFETERIA	22,266	563	32,782	0	583	11.00
13.00	01300	NURSING ADMINISTRATION	96,115	265	15,423	0	324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,913	278	16,190	0	0	14.00
15.00	01500	PHARMACY	73,106	317	18,485	0	398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,507	253	14,728	0	241	16.00
17.00	01700	SOCIAL SERVICE	39,797	67	3,918	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	380,635	5,668	330,014	8,270	31,560	30.00
31.00	03100	INTENSIVE CARE UNIT	84,218	718	41,809	1,129	4,761	31.00
43.00	04300	NURSERY	17,913	503	29,303	631	398	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,210	3,618	210,660	1,948	4,600	50.00
51.00	05100	RECOVERY ROOM	13,886	221	12,842	695	845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,901	684	39,821	957	3,958	52.00
53.00	05300	ANESTHESIOLOGY	3,978	117	6,790	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,640	1,826	106,306	2,827	1,886	54.00
54.01	03630	ULTRASOUND	18,698	82	4,802	0	4	54.01
54.02	03440	MAMMOGRAPHY	15,080	534	31,072	791	1,234	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	24,640	0	0	0	2,321	55.00
55.01	03480	ONCOLOGY	33,192	0	0	652	0	55.01
56.00	05600	RADIOISOTOPE	9,186	79	4,583	0	189	56.00
57.00	05700	CT SCAN	35,612	155	9,042	0	398	57.00
58.00	05800	MRI	9,716	106	6,162	0	345	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	142,914	934	54,381	0	1,091	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,981	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	73,963	537	31,284	0	931	65.00
66.00	06600	PHYSICAL THERAPY	21,341	109	6,337	213	475	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,286	109	6,337	0	137	67.00
68.00	06800	SPEECH PATHOLOGY	3,756	112	6,534	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	20,835	41	2,368	352	332	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,917	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,105	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	315,347	0	0	0	393	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	35,514	1,069	62,253	953	991	75.00
76.97	07697	CARDIAC REHABILITATION	8,980	0	0	0	602	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	192,855	1,907	111,035	10,147	8,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,246,493	40,431	1,265,248	29,565	68,052	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,922	136	7,901	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,913	0	0	0	0	192.00
192.01	19201	APOTHECARY	10,716	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	18,137	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	7,941	876	51,019	0	4,102	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,288,122	41,443	1,324,168	29,565	72,154	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	104,585					10.00
11.00	01100	CAFETERIA	0	91,875				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,310	293,266			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,986	0	110,433		14.00
15.00	01500	PHARMACY	0	2,764	0	0	151,796	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	791	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,853	26,967	199,465	15,419	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,331	17,205	4,578	16,256	31.00
43.00	04300	NURSERY	587	1,027	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	158	3,951	3,626	12,667	0	50.00
51.00	05100	RECOVERY ROOM	0	928	2,660	94	467	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,621	2,846	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	26	0	1,461	11,613	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,654	0	341	0	54.00
54.01	03630	ULTRASOUND	0	673	0	1,328	195	54.01
54.02	03440	MAMMOGRAPHY	0	731	0	482	26	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,061	0	157	0	55.00
55.01	03480	ONCOLOGY	0	2,476	6,783	1,229	0	55.01
56.00	05600	RADIOISOTOPE	0	443	0	64	0	56.00
57.00	05700	CT SCAN	0	1,829	0	1,980	49,104	57.00
58.00	05800	MRI	0	639	0	398	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,224	0	1,666	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,614	79	11,276	39	65.00
66.00	06600	PHYSICAL THERAPY	0	841	0	103	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	440	0	10	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	115	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	6,065	1,294	12,295	346	171	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,741	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,058	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	992	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,201	0	2,394	2,669	75.00
76.97	07697	CARDIAC REHABILITATION	0	778	0	58	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,301	13,201	51,153	9,347	71,256	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,585	91,141	293,266	104,208	151,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	210	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	6,225	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	524	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	104,585	91,875	293,266	110,433	151,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,729					16.00
17.00	01700	SOCIAL SERVICE	0	47,806				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,774	41,308	1,604,685	0	1,604,685	30.00
31.00	03100	INTENSIVE CARE UNIT	431	4,565	223,932	0	223,932	31.00
43.00	04300	NURSERY	98	1,933	87,190	0	87,190	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,201	0	680,420	0	680,420	50.00
51.00	05100	RECOVERY ROOM	89	0	46,138	0	46,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	234	0	143,767	0	143,767	52.00
53.00	05300	ANESTHESIOLOGY	783	0	61,015	0	61,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	782	0	371,419	0	371,419	54.00
54.01	03630	ULTRASOUND	396	0	58,897	0	58,897	54.01
54.02	03440	MAMMOGRAPHY	210	0	202,253	0	202,253	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,015	0	71,295	0	71,295	55.00
55.01	03480	ONCOLOGY	478	0	53,828	0	53,828	55.01
56.00	05600	RADIOISOTOPE	254	0	19,600	0	19,600	56.00
57.00	05700	CT SCAN	3,555	0	183,397	0	183,397	57.00
58.00	05800	MRI	532	0	24,374	0	24,374	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,972	0	283,089	0	283,089	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	75	0	10,882	0	10,882	63.00
65.00	06500	RESPIRATORY THERAPY	1,127	0	163,684	0	163,684	65.00
66.00	06600	PHYSICAL THERAPY	249	0	36,360	0	36,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	150	0	24,072	0	24,072	67.00
68.00	06800	SPEECH PATHOLOGY	37	0	17,289	0	17,289	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	909	0	117,250	0	117,250	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33	0	10,691	0	10,691	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	565	0	72,728	0	72,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,530	0	324,262	0	324,262	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	193	0	173,826	0	173,826	75.00
76.97	07697	CARDIAC REHABILITATION	23	0	20,613	0	20,613	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,034	0	610,793	0	610,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,729	47,806	5,697,749	0	5,697,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	19,305	0	19,305	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	215,849	0	215,849	192.00
192.01	19201	APOTHECARY	0	0	16,941	0	16,941	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	18,137	0	18,137	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	117,469	0	117,469	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	35,729	47,806	6,085,450	0	6,085,450	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	367,396					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,057,391				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,912	0	30,683,703			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,032	2,169,468	2,528,588	-19,609,829	69,114,464	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,334	0	0	0	495,782	6.00
7.00	00700	OPERATION OF PLANT	148,955	14,060	929,589	0	3,938,382	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	978	0	39,151	0	450,808	8.00
9.00	00900	HOUSEKEEPING	1,378	2,398	975,370	0	1,468,227	9.00
10.00	01000	DIETARY	4,483	4,607	275,685	0	880,862	10.00
11.00	01100	CAFETERIA	4,485	1,928	266,399	0	672,581	11.00
13.00	01300	NURSING ADMINISTRATION	2,110	169,618	1,254,458	0	2,903,236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,215	15,251	349,702	0	541,095	14.00
15.00	01500	PHARMACY	2,529	17,844	1,069,268	0	2,208,234	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,015	0	114,788	0	136,128	16.00
17.00	01700	SOCIAL SERVICE	536	0	0	0	1,202,112	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,150	15,816	7,349,256	0	11,496,898	30.00
31.00	03100	INTENSIVE CARE UNIT	5,720	0	1,360,548	0	2,543,876	31.00
43.00	04300	NURSERY	4,009	3,546	298,146	0	541,073	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,821	121,428	1,123,608	0	3,177,983	50.00
51.00	05100	RECOVERY ROOM	1,757	0	309,784	0	419,434	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,448	9,809	824,828	0	1,295,858	52.00
53.00	05300	ANESTHESIOLOGY	929	31,008	8,535	0	120,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,544	71,511	665,732	0	2,345,199	54.00
54.01	03630	ULTRASOUND	657	29,261	236,951	0	564,788	54.01
54.02	03440	MAMMOGRAPHY	4,251	127,169	209,101	0	455,519	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	44,204	532,677	0	744,263	55.00
55.01	03480	ONCOLOGY	0	9,004	728,635	0	1,002,603	55.01
56.00	05600	RADIOISOTOPE	627	0	133,244	0	277,481	56.00
57.00	05700	CT SCAN	1,237	76,334	542,258	0	1,075,687	57.00
58.00	05800	MRI	843	0	206,659	0	293,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,440	13,736	1,526,123	0	4,316,851	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	855	0	0	301,499	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	7,186	1,290,636	0	2,234,119	65.00
66.00	06600	PHYSICAL THERAPY	867	0	256,774	0	644,619	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	0	132,065	0	310,698	67.00
68.00	06800	SPEECH PATHOLOGY	894	0	31,785	0	113,454	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	324	73,648	417,679	0	629,349	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	88,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,271,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,525,365	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,517	1,229	687,361	0	1,072,732	75.00
76.97	07697	CARDIAC REHABILITATION	0	10,629	195,984	0	271,260	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,191	15,296	3,657,583	0	5,825,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	359,335	3,056,843	30,528,950	-19,609,829	67,857,011	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081	0	29,325	0	88,272	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	57,786	192.00
192.01	19201	APOTHECARY	0	0	0	0	323,681	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	547,836	192.03
192.04	19204	OUTREACH PROGRAMS	6,980	548	125,428	0	239,878	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,758,174	2,885,746	8,940,079		19,609,829	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.507360	0.943859	0.291362		0.283730	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,861		2,288,122	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000712		0.033106	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	330,118					6.00
7.00	00700	OPERATION OF PLANT	148,955	181,163				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	978	978	383,012			8.00
9.00	00900	HOUSEKEEPING	1,378	1,378	0	66,124		9.00
10.00	01000	DIETARY	4,483	4,483	0	534	48,317	10.00
11.00	01100	CAFETERIA	4,485	4,485	0	534	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,110	2,110	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,215	2,215	0	0	0	14.00
15.00	01500	PHARMACY	2,529	2,529	0	365	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,015	2,015	0	221	0	16.00
17.00	01700	SOCIAL SERVICE	536	536	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,150	45,150	107,131	28,923	41,973	30.00
31.00	03100	INTENSIVE CARE UNIT	5,720	5,720	14,630	4,363	0	31.00
43.00	04300	NURSERY	4,009	4,009	8,174	365	271	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,821	28,821	25,230	4,216	73	50.00
51.00	05100	RECOVERY ROOM	1,757	1,757	8,999	774	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,448	5,448	12,400	3,627	749	52.00
53.00	05300	ANESTHESIOLOGY	929	929	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,544	14,544	36,621	1,728	0	54.00
54.01	03630	ULTRASOUND	657	657	0	4	0	54.01
54.02	03440	MAMMOGRAPHY	4,251	4,251	10,248	1,131	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,127	0	55.00
55.01	03480	ONCOLOGY	0	0	8,443	0	0	55.01
56.00	05600	RADIOISOTOPE	627	627	0	173	0	56.00
57.00	05700	CT SCAN	1,237	1,237	0	365	0	57.00
58.00	05800	MRI	843	843	0	316	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,440	7,440	0	1,000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	4,280	0	853	0	65.00
66.00	06600	PHYSICAL THERAPY	867	867	2,758	435	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	867	0	126	0	67.00
68.00	06800	SPEECH PATHOLOGY	894	894	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	324	324	4,565	304	2,802	69.01
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	360	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,517	8,517	12,345	908	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	552	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,191	15,191	131,468	7,764	2,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	322,057	173,102	383,012	62,365	48,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081	1,081	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	6,980	6,980	0	3,759	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	636,450	5,342,995	609,446	1,928,105	1,287,219	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.927947	29.492750	1.591193	29.158929	26.641120	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,443	1,324,168	29,565	72,154	104,585	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.125540	7.309263	0.077191	1.091192	2.164559	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	35,062					11.00
13.00	01300	NURSING ADMINISTRATION	1,645	44,317				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	758	0	4,672,483			14.00
15.00	01500	PHARMACY	1,055	0	0	116,094		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	302	0	0	0	538,477,134	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,289	30,142	652,362	0	57,187,952	30.00
31.00	03100	INTENSIVE CARE UNIT	1,653	2,600	193,709	12,433	6,526,279	31.00
43.00	04300	NURSERY	392	0	0	0	1,484,390	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,508	548	535,925	0	33,344,726	50.00
51.00	05100	RECOVERY ROOM	354	402	3,981	357	1,342,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,086	0	0	0	3,546,826	52.00
53.00	05300	ANESTHESIOLOGY	10	0	61,814	8,882	11,867,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,013	0	14,436	0	11,848,629	54.00
54.01	03630	ULTRASOUND	257	0	56,189	149	5,998,545	54.01
54.02	03440	MAMMOGRAPHY	279	0	20,383	20	3,184,297	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	405	0	6,651	0	15,384,100	55.00
55.01	03480	ONCOLOGY	945	1,025	51,983	0	7,245,147	55.01
56.00	05600	RADIOISOTOPE	169	0	2,707	0	3,843,653	56.00
57.00	05700	CT SCAN	698	0	83,769	37,555	53,870,328	57.00
58.00	05800	MRI	244	0	16,847	0	8,054,077	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,757	0	70,488	0	75,337,330	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	788	0	1,129,230	63.00
65.00	06500	RESPIRATORY THERAPY	1,761	12	477,107	30	17,077,743	65.00
66.00	06600	PHYSICAL THERAPY	321	0	4,342	0	3,775,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	168	0	404	0	2,269,988	67.00
68.00	06800	SPEECH PATHOLOGY	44	0	0	0	562,680	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	494	1,858	14,652	131	13,775,773	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	327,521	0	501,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,271,837	0	8,559,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	41,990	0	111,204,486	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	840	0	101,275	2,041	2,923,493	75.00
76.97	07697	CARDIAC REHABILITATION	297	0	2,443	0	351,547	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,038	7,730	395,485	54,496	76,279,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,782	44,317	4,409,088	116,094	538,477,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	263,395	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	200	0	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,019,905	3,849,780	786,265	2,955,570	253,294	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	29.088614	86.869147	0.168276	25.458422	0.000470	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	91,875	293,266	110,433	151,796	35,729	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.620358	6.617461	0.023635	1.307527	0.000066	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		SOCIAL SERVICE	
		(TOTAL PATIENT DAYS)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
		18,421	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
		15,917	
		1,759	
		745	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	03480	ONCOLOGY	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		18,421	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	APOTHECARY	192.01
192.02	19202	REAL ESTATE	192.02
192.03	19203	FOUNDATION	192.03
192.04	19204	OUTREACH PROGRAMS	192.04
194.00	07950	INDUSTRIAL MEDICINE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
		1,560,028	
		84.687476	
		47,806	
		2.595190	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		SOCIAL SERVICE		
		(TOTAL PATIENT DAYS)		
		17.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	22,711,904		22,711,904	0	22,711,904	30.00
31.00	03100	INTENSIVE CARE UNIT	4,370,973		4,370,973	0	4,370,973	31.00
43.00	04300	NURSERY	926,619		926,619	0	926,619	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,347,598		5,347,598	0	5,347,598	50.00
51.00	05100	RECOVERY ROOM	686,142		686,142	0	686,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,013,413		2,013,413	0	2,013,413	52.00
53.00	05300	ANESTHESIOLOGY	425,848		425,848	0	425,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,613,708		3,613,708	0	3,613,708	54.00
54.01	03630	ULTRASOUND	769,339		769,339	0	769,339	54.01
54.02	03440	MAMMOGRAPHY	781,171		781,171	0	781,171	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,037,585		1,037,585	0	1,037,585	55.00
55.01	03480	ONCOLOGY	1,429,188		1,429,188	0	1,429,188	55.01
56.00	05600	RADIOISOTOPE	388,135		388,135	0	388,135	56.00
57.00	05700	CT SCAN	2,446,213		2,446,213	0	2,446,213	57.00
58.00	05800	MRI	426,153		426,153	0	426,153	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,932,067		5,932,067	0	5,932,067	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	387,707		387,707	0	387,707	63.00
65.00	06500	RESPIRATORY THERAPY	3,168,704	0	3,168,704	0	3,168,704	65.00
66.00	06600	PHYSICAL THERAPY	883,674	0	883,674	0	883,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	435,790	0	435,790	0	435,790	67.00
68.00	06800	SPEECH PATHOLOGY	175,279	0	175,279	0	175,279	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	1,096,920		1,096,920	0	1,096,920	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,459		168,459	0	168,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,850,735		1,850,735	0	1,850,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,298,035		12,298,035	0	12,298,035	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,785,638		1,785,638	0	1,785,638	75.00
76.97	07697	CARDIAC REHABILITATION	373,536		373,536	0	373,536	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,764,171		10,764,171	0	10,764,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,026,352		3,026,352		3,026,352	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	89,721,056	0	89,721,056	0	89,721,056	200.00
201.00		Less Observation Beds	3,026,352		3,026,352		3,026,352	201.00
202.00		Total (see instructions)	86,694,704	0	86,694,704	0	86,694,704	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,812,838		51,812,838		30.00
31.00	03100	INTENSIVE CARE UNIT	6,526,279		6,526,279		31.00
43.00	04300	NURSERY	1,484,390		1,484,390		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,887,109	21,457,617	33,344,726	0.160373	50.00
51.00	05100	RECOVERY ROOM	620,055	722,579	1,342,634	0.511042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,397,669	149,157	3,546,826	0.567666	52.00
53.00	05300	ANESTHESIOLOGY	5,722,203	6,145,667	11,867,870	0.035882	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,947,899	8,900,730	11,848,629	0.304990	54.00
54.01	03630	ULTRASOUND	786,892	5,211,653	5,998,545	0.128254	54.01
54.02	03440	MAMMOGRAPHY	858	3,183,439	3,184,297	0.245320	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	11,648	15,372,452	15,384,100	0.067445	55.00
55.01	03480	ONCOLOGY	22,603	7,222,544	7,245,147	0.197261	55.01
56.00	05600	RADIOISOTOPE	661,971	3,181,682	3,843,653	0.100981	56.00
57.00	05700	CT SCAN	13,939,502	39,930,826	53,870,328	0.045409	57.00
58.00	05800	MRI	2,322,020	5,732,057	8,054,077	0.052911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	29,270,741	46,066,589	75,337,330	0.078740	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	744,483	384,747	1,129,230	0.343337	63.00
65.00	06500	RESPIRATORY THERAPY	13,225,236	3,852,507	17,077,743	0.185546	65.00
66.00	06600	PHYSICAL THERAPY	1,830,629	1,944,818	3,775,447	0.234058	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,257,080	1,012,908	2,269,988	0.191979	67.00
68.00	06800	SPEECH PATHOLOGY	453,269	109,411	562,680	0.311507	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	6,576,177	7,199,596	13,775,773	0.079627	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	256,054	245,384	501,438	0.335952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,415,897	4,143,448	8,559,345	0.216224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,482,206	80,722,280	111,204,486	0.110589	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	267,328	2,656,165	2,923,493	0.610789	75.00
76.97	07697	CARDIAC REHABILITATION	1,413	350,134	351,547	1.062549	76.97
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,269,622	61,009,559	76,279,181	0.141115	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,573,264	3,801,850	5,375,114	0.563030	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	207,767,335	330,709,799	538,477,134		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	207,767,335	330,709,799	538,477,134		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.160373		50.00
51.00	05100	RECOVERY ROOM	0.511042		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.567666		52.00
53.00	05300	ANESTHESIOLOGY	0.035882		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.304990		54.00
54.01	03630	ULTRASOUND	0.128254		54.01
54.02	03440	MAMMOGRAPHY	0.245320		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067445		55.00
55.01	03480	ONCOLOGY	0.197261		55.01
56.00	05600	RADIOISOTOPE	0.100981		56.00
57.00	05700	CT SCAN	0.045409		57.00
58.00	05800	MRI	0.052911		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.078740		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.343337		63.00
65.00	06500	RESPIRATORY THERAPY	0.185546		65.00
66.00	06600	PHYSICAL THERAPY	0.234058		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191979		67.00
68.00	06800	SPEECH PATHOLOGY	0.311507		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.079627		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335952		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216224		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110589		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.610789		75.00
76.97	07697	CARDIAC REHABILITATION	1.062549		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.141115		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563030		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	22,711,904		22,711,904	0	22,711,904	30.00
31.00	03100	INTENSIVE CARE UNIT	4,370,973		4,370,973	0	4,370,973	31.00
43.00	04300	NURSERY	926,619		926,619	0	926,619	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,347,598		5,347,598	0	5,347,598	50.00
51.00	05100	RECOVERY ROOM	686,142		686,142	0	686,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,013,413		2,013,413	0	2,013,413	52.00
53.00	05300	ANESTHESIOLOGY	425,848		425,848	0	425,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,613,708		3,613,708	0	3,613,708	54.00
54.01	03630	ULTRASOUND	769,339		769,339	0	769,339	54.01
54.02	03440	MAMMOGRAPHY	781,171		781,171	0	781,171	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,037,585		1,037,585	0	1,037,585	55.00
55.01	03480	ONCOLOGY	1,429,188		1,429,188	0	1,429,188	55.01
56.00	05600	RADIOISOTOPE	388,135		388,135	0	388,135	56.00
57.00	05700	CT SCAN	2,446,213		2,446,213	0	2,446,213	57.00
58.00	05800	MRI	426,153		426,153	0	426,153	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,932,067		5,932,067	0	5,932,067	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	387,707		387,707	0	387,707	63.00
65.00	06500	RESPIRATORY THERAPY	3,168,704	0	3,168,704	0	3,168,704	65.00
66.00	06600	PHYSICAL THERAPY	883,674	0	883,674	0	883,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	435,790	0	435,790	0	435,790	67.00
68.00	06800	SPEECH PATHOLOGY	175,279	0	175,279	0	175,279	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	1,096,920		1,096,920	0	1,096,920	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,459		168,459	0	168,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,850,735		1,850,735	0	1,850,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,298,035		12,298,035	0	12,298,035	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,785,638		1,785,638	0	1,785,638	75.00
76.97	07697	CARDIAC REHABILITATION	373,536		373,536	0	373,536	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,764,171		10,764,171	0	10,764,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,026,352		3,026,352	0	3,026,352	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	89,721,056	0	89,721,056	0	89,721,056	200.00
201.00		Less Observation Beds	3,026,352		3,026,352		3,026,352	201.00
202.00		Total (see instructions)	86,694,704	0	86,694,704	0	86,694,704	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,812,838		51,812,838		30.00
31.00	03100	INTENSIVE CARE UNIT	6,526,279		6,526,279		31.00
43.00	04300	NURSERY	1,484,390		1,484,390		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,887,109	21,457,617	33,344,726	0.160373	50.00
51.00	05100	RECOVERY ROOM	620,055	722,579	1,342,634	0.511042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,397,669	149,157	3,546,826	0.567666	52.00
53.00	05300	ANESTHESIOLOGY	5,722,203	6,145,667	11,867,870	0.035882	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,947,899	8,900,730	11,848,629	0.304990	54.00
54.01	03630	ULTRASOUND	786,892	5,211,653	5,998,545	0.128254	54.01
54.02	03440	MAMMOGRAPHY	858	3,183,439	3,184,297	0.245320	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	11,648	15,372,452	15,384,100	0.067445	55.00
55.01	03480	ONCOLOGY	22,603	7,222,544	7,245,147	0.197261	55.01
56.00	05600	RADIOISOTOPE	661,971	3,181,682	3,843,653	0.100981	56.00
57.00	05700	CT SCAN	13,939,502	39,930,826	53,870,328	0.045409	57.00
58.00	05800	MRI	2,322,020	5,732,057	8,054,077	0.052911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	29,270,741	46,066,589	75,337,330	0.078740	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	744,483	384,747	1,129,230	0.343337	63.00
65.00	06500	RESPIRATORY THERAPY	13,225,236	3,852,507	17,077,743	0.185546	65.00
66.00	06600	PHYSICAL THERAPY	1,830,629	1,944,818	3,775,447	0.234058	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,257,080	1,012,908	2,269,988	0.191979	67.00
68.00	06800	SPEECH PATHOLOGY	453,269	109,411	562,680	0.311507	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	6,576,177	7,199,596	13,775,773	0.079627	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	256,054	245,384	501,438	0.335952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,415,897	4,143,448	8,559,345	0.216224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,482,206	80,722,280	111,204,486	0.110589	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	267,328	2,656,165	2,923,493	0.610789	75.00
76.97	07697	CARDIAC REHABILITATION	1,413	350,134	351,547	1.062549	76.97
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,269,622	61,009,559	76,279,181	0.141115	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,573,264	3,801,850	5,375,114	0.563030	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	207,767,335	330,709,799	538,477,134		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	207,767,335	330,709,799	538,477,134		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.000000		69.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title V		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	22,711,904		22,711,904	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,370,973		4,370,973	0	0	31.00
43.00	04300	NURSERY	926,619		926,619	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,347,598		5,347,598	0	0	50.00
51.00	05100	RECOVERY ROOM	686,142		686,142	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,013,413		2,013,413	0	0	52.00
53.00	05300	ANESTHESIOLOGY	425,848		425,848	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,613,708		3,613,708	0	0	54.00
54.01	03630	ULTRASOUND	769,339		769,339	0	0	54.01
54.02	03440	MAMMOGRAPHY	781,171		781,171	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,037,585		1,037,585	0	0	55.00
55.01	03480	ONCOLOGY	1,429,188		1,429,188	0	0	55.01
56.00	05600	RADIOISOTOPE	388,135		388,135	0	0	56.00
57.00	05700	CT SCAN	2,446,213		2,446,213	0	0	57.00
58.00	05800	MRI	426,153		426,153	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,932,067		5,932,067	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	387,707		387,707	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,168,704	0	3,168,704	0	0	65.00
66.00	06600	PHYSICAL THERAPY	883,674	0	883,674	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	435,790	0	435,790	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	175,279	0	175,279	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	1,096,920		1,096,920	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,459		168,459	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,850,735		1,850,735	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,298,035		12,298,035	0	0	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,785,638		1,785,638	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	373,536		373,536	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,764,171		10,764,171	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	86,694,704	0	86,694,704	0	0	200.00
201.00		Less Observation Beds	0		0	0	0	201.00
202.00		Total (see instructions)	86,694,704	0	86,694,704	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title V			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0.000000	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.000000		69.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,604,685	0	1,604,685	18,364	87.38	30.00
31.00	INTENSIVE CARE UNIT	223,932		223,932	1,759	127.31	31.00
43.00	NURSERY	87,190		87,190	745	117.03	43.00
200.00	Total (lines 30 through 199)	1,915,807		1,915,807	20,868		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	6,121	534,853				30.00
31.00	INTENSIVE CARE UNIT	588	74,858				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,709	609,711				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	680,420	33,344,726	0.020406	4,293,781	87,619	50.00
51.00	05100	RECOVERY ROOM	46,138	1,342,634	0.034364	211,778	7,278	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,767	3,546,826	0.040534	15,400	624	52.00
53.00	05300	ANESTHESIOLOGY	61,015	11,867,870	0.005141	1,698,639	8,733	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	371,419	11,848,629	0.031347	1,165,804	36,544	54.00
54.01	03630	ULTRASOUND	58,897	5,998,545	0.009819	478,225	4,696	54.01
54.02	03440	MAMMOGRAPHY	202,253	3,184,297	0.063516	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	71,295	15,384,100	0.004634	7,027	33	55.00
55.01	03480	ONCOLOGY	53,828	7,245,147	0.007430	16,497	123	55.01
56.00	05600	RADIOISOTOPE	19,600	3,843,653	0.005099	300,706	1,533	56.00
57.00	05700	CT SCAN	183,397	53,870,328	0.003404	5,027,616	17,114	57.00
58.00	05800	MRI	24,374	8,054,077	0.003026	907,678	2,747	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	283,089	75,337,330	0.003758	10,951,378	41,155	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,882	1,129,230	0.009637	284,928	2,746	63.00
65.00	06500	RESPIRATORY THERAPY	163,684	17,077,743	0.009585	4,912,041	47,082	65.00
66.00	06600	PHYSICAL THERAPY	36,360	3,775,447	0.009631	765,925	7,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,072	2,269,988	0.010604	522,035	5,536	67.00
68.00	06800	SPEECH PATHOLOGY	17,289	562,680	0.030726	212,321	6,524	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	117,250	13,775,773	0.008511	2,504,769	21,318	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,691	501,438	0.021321	61,235	1,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,728	8,559,345	0.008497	1,499,759	12,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	324,262	111,204,486	0.002916	10,736,871	31,309	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	173,826	2,923,493	0.059458	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	20,613	351,547	0.058635	735	43	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	610,793	76,279,181	0.008007	6,958,692	55,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	213,824	5,375,114	0.039780	553,285	22,010	92.00
200.00		Total (lines 50 through 199)	3,995,766	478,653,627		54,087,125	421,911	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0093		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part III Date/Time Prepared: 4/27/2022 2:36 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0	0
200.00		Total (lines 30 through 199)	0	0	0	0	0	0
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	18,364	0.00	6,121	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,759	0.00	588	31.00
43.00	04300	NURSERY	0	0	745	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	20,868		6,709	200.00
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
				9.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

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

Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	33,344,726	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,342,634	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,546,826	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,867,870	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,848,629	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	5,998,545	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	3,184,297	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,384,100	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	7,245,147	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,843,653	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	53,870,328	0.000000	57.00
58.00	05800	MRI	0	0	0	8,054,077	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	75,337,330	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,129,230	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,077,743	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,775,447	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,269,988	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	562,680	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	13,775,773	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	501,438	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,559,345	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	111,204,486	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	2,923,493	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	351,547	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	76,279,181	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,375,114	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	478,653,627		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	4,293,781	0	5,948,345	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	211,778	0	105,270	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	15,400	0	1,175	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,698,639	0	1,268,825	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,165,804	0	1,913,064	0	54.00
54.01	03630	ULTRASOUND	0.000000	478,225	0	1,002,563	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	7,027	0	7,143,268	0	55.00
55.01	03480	ONCOLOGY	0.000000	16,497	0	2,842,516	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	300,706	0	1,107,021	0	56.00
57.00	05700	CT SCAN	0.000000	5,027,616	0	7,063,850	0	57.00
58.00	05800	MRI	0.000000	907,678	0	1,464,731	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	10,951,378	0	4,809,535	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	284,928	0	106,779	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,912,041	0	806,796	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	765,925	0	3,340	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	522,035	0	1,551	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	212,321	0	1,273	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	2,504,769	0	1,511,002	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	61,235	0	47,744	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,499,759	0	1,516,267	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	10,736,871	0	32,358,057	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	648,674	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	735	0	75,485	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	6,958,692	0	7,809,705	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	553,285	0	297,085	0	92.00
200.00		Total (lines 50 through 199)		54,087,125	0	79,853,921	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0093		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 4/27/2022 2:36 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.160373	5,948,345	0	0	953,954	50.00
51.00	05100	RECOVERY ROOM		0.511042	105,270	0	0	53,797	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.567666	1,175	0	0	667	52.00
53.00	05300	ANESTHESIOLOGY		0.035882	1,268,825	0	0	45,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.304990	1,913,064	0	0	583,465	54.00
54.01	03630	ULTRASOUND		0.128254	1,002,563	0	0	128,583	54.01
54.02	03440	MAMMOGRAPHY		0.245320	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.067445	7,143,268	0	0	481,778	55.00
55.01	03480	ONCOLOGY		0.197261	2,842,516	0	0	560,718	55.01
56.00	05600	RADIOISOTOPE		0.100981	1,107,021	0	0	111,788	56.00
57.00	05700	CT SCAN		0.045409	7,063,850	0	0	320,762	57.00
58.00	05800	MRI		0.052911	1,464,731	0	0	77,500	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.078740	4,809,535	2,300	0	378,703	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.343337	106,779	0	0	36,661	63.00
65.00	06500	RESPIRATORY THERAPY		0.185546	806,796	0	0	149,698	65.00
66.00	06600	PHYSICAL THERAPY		0.234058	3,340	0	0	782	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.191979	1,551	0	0	298	67.00
68.00	06800	SPEECH PATHOLOGY		0.311507	1,273	0	0	397	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.079627	1,511,002	0	0	120,317	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.335952	47,744	0	0	16,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.216224	1,516,267	0	0	327,853	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.110589	32,358,057	0	11,884	3,578,445	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.610789	648,674	0	0	396,203	75.00
76.97	07697	CARDIAC REHABILITATION		1.062549	75,485	0	0	80,207	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.141115	7,809,705	0	0	1,102,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.563030	297,085	0	0	167,268	92.00
200.00		Subtotal (see instructions)			79,853,921	2,300	11,884	9,673,479	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)			79,853,921	2,300	11,884	9,673,479	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
4/27/2022 2:36 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	181	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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,314		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	181	1,314		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	181	1,314		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,604,685	0	1,604,685	18,364	87.38	30.00
31.00	INTENSIVE CARE UNIT		223,932		223,932	1,759	127.31	31.00
43.00	NURSERY		87,190		87,190	745	117.03	43.00
200.00	Total (lines 30 through 199)		1,915,807		1,915,807	20,868		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		0	0				
31.00	INTENSIVE CARE UNIT		0	0				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		Title V		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	680,420	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	46,138	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,767	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	61,015	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	371,419	0	0.000000	0	54.00
54.01	03630	ULTRASOUND	58,897	0	0.000000	0	54.01
54.02	03440	MAMMOGRAPHY	202,253	0	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	71,295	0	0.000000	0	55.00
55.01	03480	ONCOLOGY	53,828	0	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	19,600	0	0.000000	0	56.00
57.00	05700	CT SCAN	183,397	0	0.000000	0	57.00
58.00	05800	MRI	24,374	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	283,089	0	0.000000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,882	0	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	163,684	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	36,360	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,072	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,289	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	69.00
69.01	03140	CARDIOLOGY	117,250	0	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,691	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,728	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	324,262	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	173,826	0	0.000000	0	75.00
76.97	07697	CARDIAC REHABILITATION	20,613	0	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	610,793	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
200.00		Total (lines 50 through 199)	3,781,942	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0093		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 4/27/2022 2:36 pm	
					Title V		Hospital		Cost	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	18,364	0.00	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,759	0.00	0	0	31.00	
43.00	04300	NURSERY		0	745	0.00	0	0	43.00	
200.00	Total (lines 30 through 199)			0	20,868		0	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
43.00	04300	NURSERY	0							43.00
200.00	Total (lines 30 through 199)		0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Title V		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

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

Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description			Title V		Hospital		Cost	
			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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		Title V			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0.000000	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/27/2022 2:36 pm
		Title XVIII	Hospital	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	18,364	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,364	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)	15,917	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)	6,121	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)	22,711,904	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)	22,711,904	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)	22,711,904	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)	1,236.76	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,570,208	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	7,570,208	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

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

Worksheet D-1

Date/Time Prepared:
4/27/2022 2:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,370,973	1,759	2,484.92	588	1,461,133	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)					6,836,973	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,868,314	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)					609,711	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					421,911	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,031,622	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,836,692	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,447	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,236.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,026,352	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

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

Worksheet D-1

Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII		Hospital	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	1,604,685	22,711,904	0.070654	3,026,352	213,824	90.00
91.00 Nursing Program cost	0	22,711,904	0.000000	3,026,352	0	91.00
92.00 Allied health cost	0	22,711,904	0.000000	3,026,352	0	92.00
93.00 All other Medical Education	0	22,711,904	0.000000	3,026,352	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 4/27/2022 2:36 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		16,991,344		30.00
31.00	03100	INTENSIVE CARE UNIT		1,948,398		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.160373	4,293,781	688,607	50.00
51.00	05100	RECOVERY ROOM	0.511042	211,778	108,227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.567666	15,400	8,742	52.00
53.00	05300	ANESTHESIOLOGY	0.035882	1,698,639	60,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.304990	1,165,804	355,559	54.00
54.01	03630	ULTRASOUND	0.128254	478,225	61,334	54.01
54.02	03440	MAMMOGRAPHY	0.245320	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067445	7,027	474	55.00
55.01	03480	ONCOLOGY	0.197261	16,497	3,254	55.01
56.00	05600	RADIOISOTOPE	0.100981	300,706	30,366	56.00
57.00	05700	CT SCAN	0.045409	5,027,616	228,299	57.00
58.00	05800	MRI	0.052911	907,678	48,026	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.078740	10,951,378	862,312	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.343337	284,928	97,826	63.00
65.00	06500	RESPIRATORY THERAPY	0.185546	4,912,041	911,410	65.00
66.00	06600	PHYSICAL THERAPY	0.234058	765,925	179,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191979	522,035	100,220	67.00
68.00	06800	SPEECH PATHOLOGY	0.311507	212,321	66,139	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	0.079627	2,504,769	199,447	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335952	61,235	20,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216224	1,499,759	324,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110589	10,736,871	1,187,380	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.610789	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	1.062549	735	781	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.141115	6,958,692	981,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.563030	553,285	311,516	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		54,087,125	6,836,973	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		54,087,125		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,465,419	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			94,193	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			96.03	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			7.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)			20.25	31.00
32.00	Sum of lines 30 and 31			27.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.85	33.00
34.00	Disproportionate share adjustment (see instructions)			369,288	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 4/27/2022 2:36 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000182789	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,515,321	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,515,321	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,515,321		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		14,444,221		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)			14,444,221	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			946,798	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			167,474	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)			15,558,493	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,558,493	61.00
62.00	Deductibles billed to program beneficiaries			1,447,044	62.00
63.00	Coinsurance billed to program beneficiaries			12,985	63.00
64.00	Allowable bad debts (see instructions)			301,657	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			196,077	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			301,657	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			14,294,541	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)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-25,732	70.93
70.94	HRR adjustment amount (see instructions)			-31,583	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 4/27/2022 2:36 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		14,237,226	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		14,070,088	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)		167,138	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		492,931	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,465,419	0	0	12,465,419	12,465,419
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	94,193	0	0	94,193	94,193
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1185	0.1185	0.1185	0.1185	0.1185
11.00	Disproportionate share adjustment (see instructions)	34.00	369,288	0	0	369,288	369,288
11.01	Uncompensated care payments	36.00	1,515,321	0	0	1,515,321	1,515,321
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	14,444,221	0	0	14,444,221	14,444,221
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	14,444,221	0	0	14,444,221	14,444,221
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	946,798	0	0	946,798	946,798

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/27/2022 2:36 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	167,474	0	0	167,474	167,474	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	15,558,493	15,558,493	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	936,497	0	0	936,497	936,497	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	10,301	0	0	10,301	10,301	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	946,798	0	0	946,798	946,798	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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,465,419		12,465,419	12,465,419	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	94,193		94,193	94,193	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1185	0.1185	0.1185		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	369,288	0	369,288	369,288	11.00
11.01	Uncompensated care payments	36.00	1,515,321	0	1,515,321	1,515,321	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	14,444,221	0	14,444,221	14,444,221	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	14,444,221	0	14,444,221	14,444,221	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	946,798	0	946,798	946,798	16.00
17.00	Special add-on payments for new technologies	54.00	167,474	0	167,474	167,474	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,558,493	15,558,493	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	936,497	0	936,497	936,497	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	10,301	0	10,301	10,301	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	946,798	0	946,798	946,798	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	-25,732	0	-25,732	-25,732	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	-31,583	0	-31,583	-31,583	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 4/27/2022 2:36 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,495	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,673,479	2.00
3.00	OPPS payments		8,917,784	3.00
4.00	Outlier payment (see instructions)		6,678	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,495	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,184	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)		14,184	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)		14,184	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		12,689	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,495	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)		8,924,462	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)		1,638,105	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)		7,287,852	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)		7,287,852	30.00
31.00	Primary payer payments		3,616	31.00
32.00	Subtotal (line 30 minus line 31)		7,284,236	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)		158,666	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		103,133	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		158,666	36.00
37.00	Subtotal (see instructions)		7,387,369	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)		7,387,369	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		7,439,140	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)		-51,771	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		31,852	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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,115,887		7,503,820	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/04/2021	45,799	05/04/2021	64,680	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)		-45,799		-64,680	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)		14,070,088		7,439,140	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		167,138		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		51,771	6.02
7.00	Total Medicare program liability (see instructions)		14,237,226		7,387,369	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: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
4/27/2022 2:36 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0093

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

Worksheet G

Date/Time Prepared:
4/27/2022 2:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,150	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	66,868,392	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-55,865,483	0	0	0	6.00
7.00	Inventory	2,248,966	0	0	0	7.00
8.00	Prepaid expenses	221,209	0	0	0	8.00
9.00	Other current assets	2,886,241	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)	16,361,475	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,025,000	0	0	0	12.00
13.00	Land improvements	1,299,851	0	0	0	13.00
14.00	Accumulated depreciation	-473,985	0	0	0	14.00
15.00	Buildings	42,741,227	0	0	0	15.00
16.00	Accumulated depreciation	-7,967,508	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	14,488,080	0	0	0	23.00
24.00	Accumulated depreciation	-8,398,734	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	4,451,799	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	48,165,730	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,489,333	5,173,504	103,980	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	7,620,887	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,110,220	5,173,504	103,980	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	73,637,425	5,173,504	103,980	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,963,180	0	0	0	37.00
38.00	Salaries, wages, and fees payable	126,651	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	50,640,698	0	0	0	40.00
41.00	Deferred income	27,515	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,462,341	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	67,220,385	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	4,819,543	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,819,543	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	72,039,928	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,597,497				52.00
53.00	Specific purpose fund		5,173,504			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			103,980		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,597,497	5,173,504	103,980	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	73,637,425	5,173,504	103,980	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

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

Worksheet G-1

Date/Time Prepared:
4/27/2022 2:36 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		12,933,145		5,136,751		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,559,220				2.00
3.00	Total (sum of line 1 and line 2)		11,373,925		5,136,751		3.00
4.00	CHANGE IN TRNA	0		36,753		0	4.00
5.00	CHANGE IN RNA	0		0		30,000	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		36,753		10.00
11.00	Subtotal (line 3 plus line 10)		11,373,925		5,173,504		11.00
12.00	EQUITY TRANSFER	9,776,428		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)		9,776,428		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,597,497		5,173,504		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	73,980		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)	73,980		0			3.00
4.00	CHANGE IN TRNA		0				4.00
5.00	CHANGE IN RNA		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)	30,000		0			10.00
11.00	Subtotal (line 3 plus line 10)	103,980		0			11.00
12.00	EQUITY TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	103,980		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
4/27/2022 2:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,297,228		53,297,228	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	53,297,228		53,297,228	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,526,279		6,526,279	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,526,279		6,526,279	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	59,823,507		59,823,507	17.00
18.00	Ancillary services	131,100,942	265,898,389	396,999,331	18.00
19.00	Outpatient services	16,842,886	64,811,410	81,654,296	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	85,909	0	85,909	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	207,853,244	330,709,799	538,563,043	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		102,695,283		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)		102,695,283		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0093

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

Worksheet G-3

Date/Time Prepared:
4/27/2022 2:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	538,563,043	1.00
2.00	Less contractual allowances and discounts on patients' accounts	442,239,729	2.00
3.00	Net patient revenues (line 1 minus line 2)	96,323,314	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	102,695,283	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,371,969	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,283,915	6.00
7.00	Income from investments	161,411	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	185,097	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	1,117,817	17.00
18.00	Revenue from sale of medical records and abstracts	28,342	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	50,066	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	102,279	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,201,396	24.00
24.50	COVID-19 PHE Funding	682,426	24.50
25.00	Total other income (sum of lines 6-24)	4,812,749	25.00
26.00	Total (line 5 plus line 25)	-1,559,220	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,559,220	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 4/27/2022 2:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		936,497	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		10,301	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)		48.84	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		946,798	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