

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: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 12:28 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 2/25/2022 Time: 12:28 am
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 OTTAWA REGIONAL HOSPITAL & HEALTHCARE (14-0110) 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	8,727	-117,742	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	8,727	-117,742	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: 14-0110		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 12:28 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1100 EAST NORRIS DRIVE			PO Box:				1.00	
2.00	City: OTTAWA			State: IL		Zip Code: 61350		County: LA SALLE 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			OTTAWA REGIONAL HOSPITAL & HEALTHCAR	140110	99914	1	07/01/1966	N P O 3.00
4.00	Subprovider - IPF			OTTAWA REGIONAL PSYCHIATRIC UNIT	14S110	16974	4	05/01/1984	N P O 4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						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:
2/25/2022 12:28 am

MCRIF32 - 17.2.173.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0110		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 12:28 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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
			0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 12:28 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 12:28 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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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		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	98,450	0	274,038 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0110		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 12:28 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 06101		141.00		
142.00	Street: 800 N.E. GLEN OAK AVENUE		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		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 12:28 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2022 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/15/2021	Y 12/15/2021 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		Y 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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 12:28 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBINSON		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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 12:28 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	83	30,295	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)		83	30,295	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,825	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)		88	32,120	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,285		0	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)		97			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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,975	502	10,412			1.00
2.00	HMO and other (see instructions)	1,255	3,447				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)	3,975	502	10,412			7.00
8.00	INTENSIVE CARE UNIT	536	31	1,149			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		130	1,023			13.00
14.00	Total (see instructions)	4,511	663	12,584	0.00	539.61	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	157	8	191	0.00	7.15	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	546.76	27.00
28.00	Observation Bed Days		486	2,262			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	288	464			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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,304	145	3,388	1.00
2.00 HMO and other (see instructions)			327	767		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	1,304	145	3,388	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	24	2	50	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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 12:28 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	39,517,249	322,290	39,839,539	1,123,892.00	35.45
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		523,032	0	523,032	4,836.00	108.15
4.00	Physician-Part A - Administrative		506,010	0	506,010	2,416.00	209.44
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		3,208,520	0	3,208,520	17,840.00	179.85
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)		656,319	-25,624	630,695	16,200.00	38.93
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		237,130	0	237,130	2,709.00	87.53
12.00	Contract labor: Top level management and other management and administrative services		4,122	0	4,122	34.00	121.24
13.00	Contract labor: Physician-Part A - Administrative		188,970	0	188,970	2,086.00	90.59
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		8,657,493	0	8,657,493	228,993.00	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)		9,507,904	0	9,507,904		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		155,937	0	155,937		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		65,886	0	65,886		
22.00	Physician Part A - Administrative		53,984	0	53,984		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		269,694	0	269,694		
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)		3,174,630	0	3,174,630		
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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 12:28 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	580,100	-577,771	2,329	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,789,104	-8,016	1,781,088	39,474.00	45.12	27.00
28.00	Administrative & General under contract (see inst.)		649,105	0	649,105	4,557.00	142.44	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,409,659	52	1,409,711	52,113.00	27.05	30.00
31.00	Laundry & Linen Service	8.00	39,141	1,672	40,813	2,036.00	20.05	31.00
32.00	Housekeeping	9.00	1,017,270	28,270	1,045,540	64,164.00	16.29	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	779,562	-496,864	282,698	15,243.00	18.55	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	522,484	522,484	30,980.00	16.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,227,017	31,379	1,258,396	31,674.00	39.73	38.00
39.00	Central Services and Supply	14.00	353,486	1,419	354,905	19,325.00	18.37	39.00
40.00	Pharmacy	15.00	913,105	3,086	916,191	22,590.00	40.56	40.00
41.00	Medical Records & Medical Records Library	16.00	124,128	498	124,626	6,793.00	18.35	41.00
42.00	Social Service	17.00	79,849	8,855	88,704	1,942.00	45.68	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 12:28 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,434,802	322,290	36,757,092	1,105,773.00	33.24	1.00
2.00	Excluded area salaries (see instructions)	656,319	-25,624	630,695	16,200.00	38.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,778,483	347,914	36,126,397	1,089,573.00	33.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,087,715	0	9,087,715	233,822.00	38.87	4.00
5.00	Subtotal wage-related costs (see inst.)	12,736,518	0	12,736,518	0.00	35.26	5.00
6.00	Total (sum of lines 3 thru 5)	57,602,716	347,914	57,950,630	1,323,395.00	43.79	6.00
7.00	Total overhead cost (see instructions)	8,961,526	-484,936	8,476,590	290,891.00	29.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2022 12:28 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,651,913	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)		5,342,655	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)		105,166	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		180,959	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		2,709,817	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		62,896	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,053,406	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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	237,130	10,053,406	1.00
2.00	Hospital	237,130	10,053,406	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/25/2022 12:28 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.203869	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		15,105,636	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		97,377,755	6.00
7.00	Medicaid cost (line 1 times line 6)		19,852,306	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)		4,746,670	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)		4,746,670	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)	7,123,057	1,023,556	8,146,613
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,452,171	1,023,556	2,475,727
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,452,171	1,023,556	2,475,727
				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)		4,168,240	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		309,995	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		476,915	27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,691,325	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		919,467	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,395,194	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,141,864	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0110

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

Worksheet A

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,015,527	3,015,527	893,615	3,909,142	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,350,521	2,350,521	816,254	3,166,775	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	580,100	10,096,196	10,676,296	470,621	11,146,917	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,789,104	24,376,634	26,165,738	-4,245,317	21,920,421	5.00
7.00	00700	OPERATION OF PLANT	1,409,659	3,663,429	5,073,088	-1,600,490	3,472,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,141	324,438	363,579	1,672	365,251	8.00
9.00	00900	HOUSEKEEPING	1,017,270	370,247	1,387,517	32,054	1,419,571	9.00
10.00	01000	DIETARY	779,562	533,443	1,313,005	-852,922	460,083	10.00
11.00	01100	CAFETERIA	0	0	0	880,012	880,012	11.00
13.00	01300	NURSING ADMINISTRATION	1,227,017	12,954	1,239,971	26,088	1,266,059	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	353,486	196,146	549,632	1,419	551,051	14.00
15.00	01500	PHARMACY	913,105	543,185	1,456,290	3,665	1,459,955	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	124,128	13,805	137,933	498	138,431	16.00
17.00	01700	SOCIAL SERVICE	79,849	98,476	178,325	977,134	1,155,459	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,620,863	2,594,544	10,215,407	-2,015,792	8,199,615	30.00
31.00	03100	INTENSIVE CARE UNIT	984,870	268,840	1,253,710	13,418	1,267,128	31.00
40.00	04000	SUBPROVIDER - IPF	556,092	2,494	558,586	2,232	560,818	40.00
43.00	04300	NURSERY	0	0	0	466,708	466,708	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,253,251	3,167,361	4,420,612	-2,132,654	2,287,958	50.00
51.00	05100	RECOVERY ROOM	909,851	73,047	982,898	14,466	997,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,692	0	1,692	1,372,095	1,373,787	52.00
53.00	05300	ANESTHESIOLOGY	2,382,071	6,567	2,388,638	30,465	2,419,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,186,661	1,983,995	5,170,656	2,015,936	7,186,592	54.00
56.00	05600	RADIOISOTOPE	198,845	314,657	513,502	2,298	515,800	56.00
57.00	05700	CT SCAN	420,673	265,091	685,764	5,664	691,428	57.00
58.00	05800	MRI	260,081	56,068	316,149	1,976	318,125	58.00
60.00	06000	LABORATORY	2,302,214	2,726,969	5,029,183	198,747	5,227,930	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	883,817	280,739	1,164,556	12,742	1,177,298	65.00
66.00	06600	PHYSICAL THERAPY	2,210,877	70,309	2,281,186	56,875	2,338,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	236,981	2,037	239,018	30,139	269,157	67.00
68.00	06800	SPEECH PATHOLOGY	104,049	4,899	108,948	13,722	122,670	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	169,699	169,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,391	5,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-74,767	-74,767	1,601,301	1,526,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,137,842	1,137,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,389,315	5,389,315	179,325	5,568,640	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,570,288	1,133,476	2,703,764	-1,148,766	1,554,998	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,405,027	160,903	2,565,930	42,032	2,607,962	76.01
76.02	03610	SLEEP LAB	182,672	26,566	209,238	78,569	287,807	76.02
76.97	07697	CARDIAC REHABILITATION	184,309	-27,561	156,748	942,756	1,099,504	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	141,958	233,095	375,053	-94,614	280,439	90.00
91.00	09100	EMERGENCY	3,107,459	5,560,968	8,668,427	-63,529	8,604,898	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)	39,417,022	69,814,613	109,231,635	343,346	109,574,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,221	90,395	114,616	97	114,713	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,702	1,267,877	1,276,579	-388,406	888,173	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	67,304	225,790	293,094	44,963	338,057	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	39,517,249	71,398,675	110,915,924	0	110,915,924	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0110

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

Worksheet A

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	551,281	4,460,423	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,840,553	5,007,328	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-612,422	10,534,495	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,791,313	17,129,108	5.00
7.00	00700	OPERATION OF PLANT	-93,585	3,379,013	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	365,251	8.00
9.00	00900	HOUSEKEEPING	-4,000	1,415,571	9.00
10.00	01000	DIETARY	0	460,083	10.00
11.00	01100	CAFETERIA	-277,635	602,377	11.00
13.00	01300	NURSING ADMINISTRATION	1,100,038	2,366,097	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	551,051	14.00
15.00	01500	PHARMACY	0	1,459,955	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,959	135,472	16.00
17.00	01700	SOCIAL SERVICE	6,814	1,162,273	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,129,698	6,069,917	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,267,128	31.00
40.00	04000	SUBPROVIDER - IPF	-180,125	380,693	40.00
43.00	04300	NURSERY	0	466,708	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,287,958	50.00
51.00	05100	RECOVERY ROOM	0	997,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,373,787	52.00
53.00	05300	ANESTHESIOLOGY	-2,296,429	122,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-975,164	6,211,428	54.00
56.00	05600	RADIOISOTOPE	0	515,800	56.00
57.00	05700	CT SCAN	0	691,428	57.00
58.00	05800	MRI	0	318,125	58.00
60.00	06000	LABORATORY	-52,530	5,175,400	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,177,298	65.00
66.00	06600	PHYSICAL THERAPY	-59,484	2,278,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	-36,283	232,874	67.00
68.00	06800	SPEECH PATHOLOGY	0	122,670	68.00
69.00	06900	ELECTROCARDIOLOGY	0	169,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,526,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,137,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-419,808	5,148,832	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,554,998	75.00
76.00	03160	STRESS TESTING	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,905,757	702,205	76.01
76.02	03610	SLEEP LAB	0	287,807	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,099,504	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	280,439	90.00
91.00	09100	EMERGENCY	-4,160,669	4,444,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,499,175	95,075,806	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	114,713	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	888,173	192.00
194.00	07950	CARDINAL SLEEP	0	0	194.00
194.01	07951	OTHER NRCC	0	338,057	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,499,175	96,416,749	200.00

RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 12:28 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	113,218		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	113,218		
	B - ALTERNATIVE BIRTH CTR					
1.00	NURSERY	43.00	334,138	132,570		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,142,783	453,400		2.00
	0		1,476,921	585,970		
	C - EKG HOLTER, STRESS,EEG					
1.00	ELECTROCARDIOLOGY	69.00	169,699	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	5,391	0		2.00
3.00	CARDIAC REHABILITATION	76.97	299,935	640,206		3.00
	0		475,025	640,206		
	D - OTHER BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	119,816	0		1.00
2.00	OPERATION OF PLANT	7.00	8,658	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	1,672	0		3.00
4.00	HOUSEKEEPING	9.00	32,054	0		4.00
5.00	DIETARY	10.00	27,090	0		5.00
6.00	NURSING ADMINISTRATION	13.00	31,379	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,419	0		7.00
8.00	PHARMACY	15.00	3,665	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	498	0		9.00
10.00	SOCIAL SERVICE	17.00	8,855	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	133,823	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	13,418	0		12.00
13.00	SUBPROVIDER - IPF	40.00	2,232	0		13.00
14.00	OPERATING ROOM	50.00	29,159	0		14.00
15.00	RECOVERY ROOM	51.00	14,542	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	7	0		16.00
17.00	ANESTHESIOLOGY	53.00	30,465	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	58,470	0		18.00
19.00	RADIOISOTOPE	56.00	2,298	0		19.00
20.00	CT SCAN	57.00	5,664	0		20.00
21.00	MRI	58.00	3,294	0		21.00
22.00	LABORATORY	60.00	59,212	0		22.00
23.00	RESPIRATORY THERAPY	65.00	12,742	0		23.00
24.00	PHYSICAL THERAPY	66.00	9,639	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	951	0		25.00
26.00	SPEECH PATHOLOGY	68.00	418	0		26.00
27.00	ASC (NON-DISTINCT PART)	75.00	37,245	0		27.00
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	42,032	0		28.00
29.00	SLEEP LAB	76.02	2,233	0		29.00
30.00	CARDIAC REHABILITATION	76.97	2,615	0		30.00
31.00	CLINIC	90.00	2,595	0		31.00
32.00	EMERGENCY	91.00	43,738	0		32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	97	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	35	0		34.00
35.00	OTHER NRCC	194.01	270	0		35.00
	0		742,300	0		
	E - MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,185,002		1.00
2.00	OPERATION OF PLANT	7.00	0	208,007		2.00
3.00	SOCIAL SERVICE	17.00	0	996,342		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	147,097		4.00
5.00	PHYSICAL THERAPY	66.00	0	77,853		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	8,157		6.00
7.00	SPEECH PATHOLOGY	68.00	0	3,718		7.00
	0		0	2,626,176		
	F - C-SECTION					
1.00	OPERATING ROOM	50.00	160,440	63,655		1.00
	0		160,440	63,655		
	G - MOB HOSPITAL STORAGE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,510		1.00
	0		0	23,510		
	H - SALARY RECLASS					
1.00	OTHER NRCC	194.01	0	17,632		1.00
2.00		0.00	0	0		2.00
	0		0	17,632		

RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 12:28 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - NORRIS BUILDING OVERHEAD					
1.00	OTHER CAP REL COSTS	3.00	0	71,561	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	65,373	2.00	
3.00	OPERATION OF PLANT	7.00	0	15,265	3.00	
4.00	CLINIC	90.00	0	9,847	4.00	
5.00		0.00	0	0	5.00	
	0		0	162,046		
	J - MERCURY CIRCLE BUILDING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,638	1.00	
2.00	OPERATION OF PLANT	7.00	0	67,893	2.00	
3.00	SLEEP LAB	76.02	0	18,465	3.00	
4.00	OTHER NRCC	194.01	0	9,858	4.00	
	0		0	109,854		
	K - RADIOLOGY SPACE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,774	1.00	
	0		0	2,774		
	L - MED SUPPLIES SOLD IMPLANTS AND DRUGS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,628,395	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	0		0	1,628,395		
	M - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,137,842	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	1,137,842		
	N - DRUG CHARGES TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,164	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	
	0		0	33,164		
	O - PHYSICIAN COST					
1.00	ADULTS & PEDIATRICS	30.00	127,832	0	1.00	
	TOTALS		127,832	0		
	P - DISABILITY RECLASS					
1.00	OPERATION OF PLANT	7.00	0	8,606	1.00	
2.00	HOUSEKEEPING	9.00	0	3,784	2.00	
3.00	DIETARY	10.00	0	1,470	3.00	
4.00	PHARMACY	15.00	0	579	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	30,330	5.00	
6.00	SUBPROVIDER - IPF	40.00	0	14,566	6.00	
7.00	OPERATING ROOM	50.00	0	10,842	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,873	8.00	
9.00	RADIOISOTOPE	56.00	0	2,494	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	439	10.00	
11.00	SPEECH PATHOLOGY	68.00	0	305	11.00	
12.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	242	12.00	
13.00	SLEEP LAB	76.02	0	8,731	13.00	
14.00	EMERGENCY	91.00	0	6,931	14.00	
	0		0	93,192		
	Q - OSFMG / SFMC ED SHARED COST					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,859	1.00	
2.00	EMERGENCY	91.00	264,645	0	2.00	
	0		264,645	31,859		
	R - STREATOR EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	591,700	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	663,224	2.00	
3.00	OTHER CAP REL COSTS	3.00	0	72,793	3.00	
4.00	OTHER CAP REL COSTS	3.00	0	67,645	4.00	
5.00	OPERATION OF PLANT	7.00	0	212,783	5.00	
6.00	SLEEP LAB	76.02	0	57,871	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,065	7.00	
8.00	OTHER NRCC	194.01	0	30,895	8.00	
9.00		0.00	0	0	9.00	
	0		0	1,716,976		

RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 12:28 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	S - PCI/HTM COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,965,300	1.00	
2.00	LABORATORY	60.00	0	139,535	2.00	
	0		0	2,104,835		
	T - REHAB ADMINISTRATION					
1.00	OCCUPATIONAL THERAPY	67.00	20,843	188	1.00	
2.00	SPEECH PATHOLOGY	68.00	9,500	86	2.00	
	0		30,343	274		
	V - PROPERTY TAX					
1.00	OTHER CAP REL COSTS	3.00	0	129,728	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	
	0		0	129,728		
	W - CAFETERIA					
1.00	CAFETERIA	11.00	522,484	357,528	1.00	
	0		522,484	357,528		
	X - CONTRACT LABOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,807	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
	TOTALS		0	31,807		
	Y - MINISTRY OSFMG OVERHEAD					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	90,618	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	90,618		
500.00	Grand Total: Increases		3,799,990	11,701,259	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 12:28 am

	Decreases						2/25/2022 12:28 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	107,950	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	5,268	0		3.00
	0		0	113,218			
	B - ALTERNATIVE BIRTH CTR						
1.00	ADULTS & PEDIATRICS	30.00	1,476,921	585,970	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,476,921	585,970			
	C - EKG HOLTER, STRESS, EEG						
1.00	ASC (NON-DISTINCT PART)	75.00	475,025	640,206	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		475,025	640,206			
	D - OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	577,771	164,529	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	0		577,771	164,529			
	E - MINISTRY ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,626,176	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	2,626,176			
	F - C-SECTION						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	160,440	63,655	0		1.00
	0		160,440	63,655			
	G - MOB HOSPITAL STORAGE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	23,510	0		1.00
	0		0	23,510			
	H - SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,940	0		1.00
2.00	OTHER NRCC	194.01	13,692	0	0		2.00
	0		13,692	3,940			
	I - NORRIS BUILDING OVERHEAD						
1.00		0.00	0	0	13		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 12:28 am

	Decreases					2/25/2022 12:28 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00		0.00	0	0	0	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	162,046	0	5.00
	0		0	162,046		
J - MERCURY CIRCLE BUILDING						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	109,854	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
	0		0	109,854		
K - RADIOLOGY SPACE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,774	0	1.00
	0		0	2,774		
L - MED SUPPLIES SOLD IMPLANTS AND DRUGS						
1.00	ADULTS & PEDIATRICS	30.00	0	198,368	0	1.00
2.00	OPERATING ROOM	50.00	0	1,420,018	0	2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	10,009	0	3.00
	0		0	1,628,395		
M - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	965,489	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,737	0	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	936	0	3.00
4.00	ASC (NON-DISTINCT PART)	75.00	0	58,675	0	4.00
5.00	CLINIC	90.00	0	107,005	0	5.00
	0		0	1,137,842		
N - DRUG CHARGES TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	189	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,563	0	2.00
3.00	MRI	58.00	0	1,318	0	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,094	0	4.00
	0		0	33,164		
O - PHYSICIAN COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	127,832	0	0	1.00
	TOTALS		127,832	0		
P - DISABILITY RECLASS						
1.00	OPERATION OF PLANT	7.00	8,606	0	0	1.00
2.00	HOUSEKEEPING	9.00	3,784	0	0	2.00
3.00	DIETARY	10.00	1,470	0	0	3.00
4.00	PHARMACY	15.00	579	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	30,330	0	0	5.00
6.00	SUBPROVIDER - IPF	40.00	14,566	0	0	6.00
7.00	OPERATING ROOM	50.00	10,842	0	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	3,873	0	0	8.00
9.00	RADIOISOTOPE	56.00	2,494	0	0	9.00
10.00	RESPIRATORY THERAPY	65.00	439	0	0	10.00
11.00	SPEECH PATHOLOGY	68.00	305	0	0	11.00
12.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	242	0	0	12.00
13.00	SLEEP LAB	76.02	8,731	0	0	13.00
14.00	EMERGENCY	91.00	6,931	0	0	14.00
	0		93,192	0		
Q - OSFMG / SFMC ED SHARED COST						
1.00	EMERGENCY	91.00	0	296,504	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	296,504		
R - STREATOR EXPENSES						
1.00		0.00	0	0	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	12	3.00
4.00		0.00	0	0	13	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	ADMINISTRATIVE & GENERAL	5.00	0	1,716,976	0	9.00
	0		0	1,716,976		
S - PCI/HTM COST						
1.00	OPERATION OF PLANT	7.00	0	2,104,835	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	2,104,835		
T - REHAB ADMINISTRATION						
1.00	PHYSICAL THERAPY	66.00	30,343	274	0	1.00
2.00		0.00	0	0	0	2.00
	0		30,343	274		

RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 12:28 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
	V - PROPERTY TAX					
1.00		0.00	0	0	13	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,145	0	2.00
3.00	OPERATION OF PLANT	7.00	0	8,261	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	110,322	0	4.00
	0		0	129,728		
	W - CAFETERIA					
1.00	DIETARY	10.00	522,484	357,528	0	1.00
	0		522,484	357,528		
	X - CONTRACT LABOR RECLASS					
1.00	NURSING ADMINISTRATION	13.00	0	23	0	1.00
2.00	SOCIAL SERVICE	17.00	0	28,063	0	2.00
3.00	OPERATING ROOM	50.00	0	212	0	3.00
4.00	RECOVERY ROOM	51.00	0	76	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	308	0	5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	2,096	0	6.00
7.00	CLINIC	90.00	0	51	0	7.00
8.00	EMERGENCY	91.00	0	978	0	8.00
	TOTALS		0	31,807		
	Y - MINISTRY OSFMG OVERHEAD					
1.00	ADULTS & PEDIATRICS	30.00	0	16,188	0	1.00
2.00	EMERGENCY	91.00	0	74,430	0	2.00
	TOTALS		0	90,618		
500.00	Grand Total: Decreases		3,477,700	12,023,549		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 12:28 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,227,906	0	0	0	0	1.00	
2.00	Land Improvements	3,029,664	84,406	0	84,406	0	2.00	
3.00	Buildings and Fixtures	65,489,994	3,590,202	0	3,590,202	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	34,469,928	777,556	0	777,556	233,231	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	106,217,492	4,452,164	0	4,452,164	233,231	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	106,217,492	4,452,164	0	4,452,164	233,231	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,227,906	0					1.00
2.00	Land Improvements	3,114,070	0					2.00
3.00	Buildings and Fixtures	69,080,196	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	35,014,253	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	110,436,425	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	110,436,425	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,015,527	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,350,521	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,366,048	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,015,527				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,350,521				2.00
3.00	Total (sum of lines 1-2)	0	5,366,048				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	69,080,195	0	69,080,195	0.663630	123,442	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,014,253	0	35,014,253	0.336370	62,569	2.00
3.00	Total (sum of lines 1-2)	104,094,448	0	104,094,448	1.000000	186,011	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	178,473	0	301,915	4,158,508	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	90,461	0	153,030	4,854,298	0	2.00
3.00	Total (sum of lines 1-2)	268,934	0	454,945	9,012,806	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	123,442	178,473	0	4,460,423	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	62,569	90,461	0	5,007,328	2.00
3.00	Total (sum of lines 1-2)	0	186,011	268,934	0	9,467,751	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0110

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,162,998			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	1,288,422			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-277,635	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	-2,959	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	-385,855	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	1,377,253	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	713,605	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	AMORTIZED CAPITALIZED INTEREST	A	-25,848	CAP REL COSTS-BLDG & FIXT	1.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0110

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 12:28 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 PHYSICIAN RECRUITING EXPENSE	A	-4,000	HOUSEKEEPING	9.00	0	33.01
33.02 PHYSICIAN RECRUITING EXPENSE	A	-1,900	LABORATORY	60.00	0	33.02
33.03 PHYSICIAN RECRUITING EXPENSE	A	-900	SUBPROVIDER - IPF	40.00	0	33.03
33.04 PHYSICIAN RECRUITING EXPENSE	A	-1,650	ADULTS & PEDIATRICS	30.00	0	33.04
33.05 TRUSTEE FEES	A	-10,098	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 ADVERTISING	A	-1,031	ADULTS & PEDIATRICS	30.00	0	33.06
33.07 ADVERTISING	A	-100	NURSING ADMINISTRATION	13.00	0	33.07
33.08 AHA LOBBYING DUES	A	-5,264	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 IHA LOBBYING DUES	A	-19,635	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 PATIENT TRANSPORTATION	A	-5,231	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 MEDICAID ASSESSMENT	A	-4,264,194	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 MISCELLANEOUS REVENUES - A&G	B	-30,180	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 MISCELLANEOUS REVENUES - PT	B	-59,484	PHYSICAL THERAPY	66.00	0	33.13
33.14 OTHER REVENUE- NURSING ADMIN	B	-3,000	NURSING ADMINISTRATION	13.00	0	33.14
33.15 CLINICAL LAB OTHER REVENUES	B	-10,509	LABORATORY	60.00	0	33.15
33.16 CONTRACT PHARMACY	A	-419,808	DRUGS CHARGED TO PATIENTS	73.00	0	33.16
33.17 RENTAL INCOME	B	-3,975	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18 COMMUNITY EDUCATION REVENUES	B	-446	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 COMMUNITY EDUCATION REVENUES	B	-10,680	NURSING ADMINISTRATION	13.00	0	33.19
33.20 DONATION	A	-25,500	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21 OTHER REVENUE	B	-36,283	OCCUPATIONAL THERAPY	67.00	0	33.21
33.22 PSYCHIATRY OTHER REVENUE	B	-1,400	ADULTS & PEDIATRICS	30.00	0	33.22
33.23 SALARIED PHYS PART B OFFSET	A	-313,155	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24 OCC MED	A	-21,327	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25 PSYCHIATRY SALARIES - A&G	A	-400	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26 PSYCHIATRY SALARIES - ADULT AND PEDS	A	-108,694	ADULTS & PEDIATRICS	30.00	0	33.26
33.27 PSYCHIATRY SALARIES - IPF	A	-39,352	SUBPROVIDER - IPF	40.00	0	33.27
33.28 PSYCHIATRY SALARIES - PSYCH SERVICES	A	-818,814	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	33.28
33.29 PSYCHIATRY BENEFITS	A	-207,533	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30 CRNA SALARIES	A	-523,032	ANESTHESIOLOGY	53.00	0	33.30
33.31 CRNA BENEFITS	A	-70,407	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.31
34.00 OSFMG - OUTSIDE TRAINING	A	-5,178	ADULTS & PEDIATRICS	30.00	0	34.00
34.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.01
34.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.02
34.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.03
34.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.04
34.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.05
34.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,499,175				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: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:

2/25/2022 12:28 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY POOLED - BLDG	273,041	1,073,165	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY POOLED - EQUIPMENT	1,126,948	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	1,185,002	1,185,002	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED ADMIN	7,337,139	11,617,483	3.01
3.02	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - POOLED A&G	115,343	115,343	3.02
3.03	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED ENGINE	208,007	208,007	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - OSFMG	90,618	90,618	3.04
3.05	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED REHAB	77,853	77,853	3.05
3.06	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED REHAB	8,157	8,157	3.06
3.07	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED REHAB	3,718	3,718	3.07
4.00	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	603,586	603,586	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	7,044,620	3,499,552	4.01
4.02	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	1,113,818	0	4.02
4.03	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	1,003,156	996,342	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL CL	128,995	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL CA	556,681	0	4.05
4.08	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL PH	9,065	0	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	102,384	102,384	4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	PCI ETS RENTAL	5,472	3,491	4.10
4.11	60.00	LABORATORY	PCI - HTM - ENGINEERING	404,997	425,247	4.11
4.12	7.00	OPERATION OF PLANT	PCI - HTM - IMAGING	1,871,715	1,965,300	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	PCI - HTM - LAB	132,890	139,535	4.13
4.14	60.00	LABORATORY	SYSTEMS LAB	1,158,182	1,158,182	4.14
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,561,387	23,272,965	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: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 12:28 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-800,124	9		1.00
2.00	1,126,948	9		2.00
3.00	0	0		3.00
3.01	-4,280,344	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
4.00	0	0		4.00
4.01	3,545,068	0		4.01
4.02	1,113,818	0		4.02
4.03	6,814	0		4.03
4.04	128,995	0		4.04
4.05	556,681	0		4.05
4.08	9,065	0		4.08
4.09	0	0		4.09
4.10	1,981	0		4.10
4.11	-20,250	0		4.11
4.12	-93,585	0		4.12
4.13	-6,645	0		4.13
4.14	0	0		4.14
5.00	1,288,422			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	HOME OFFICE		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: 14-0110

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 12:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,011,745	2,011,745	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	139,873	139,873	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,824,039	1,598,566	225,473	239,400	440	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	970,500	970,500	0	0	0	4.00
5.00	60.00	LABORATORY	19,871	19,871	0	0	0	5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,104,289	1,070,500	33,789	181,300	199	6.00
7.00	91.00	EMERGENCY	4,160,669	4,160,669	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			10,230,986	9,971,724	259,262		639	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	50,642	2,532	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,346	867	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			67,988	3,399	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	30.00	ADULTS & PEDIATRICS	0	0	0	2,011,745		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	139,873		2.00
3.00	53.00	ANESTHESIOLOGY	0	50,642	174,831	1,773,397		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	970,500		4.00
5.00	60.00	LABORATORY	0	0	0	19,871		5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	17,346	16,443	1,086,943		6.00
7.00	91.00	EMERGENCY	0	0	0	4,160,669		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	67,988	191,274	10,162,998		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 12:28 am

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	4,460,423	4,460,423				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,007,328		5,007,328			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,534,495	9,400	351	10,544,246		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,129,108	674,363	2,129,840	566,870	20,500,181	5.00
7.00	00700	OPERATION OF PLANT	3,379,013	1,066,433	668,070	418,714	5,532,230	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	365,251	9,543	0	12,122	386,916	8.00
9.00	00900	HOUSEKEEPING	1,415,571	21,425	6,990	310,547	1,754,533	9.00
10.00	01000	DIETARY	460,083	124,087	15,591	83,967	683,728	10.00
11.00	01100	CAFETERIA	602,377	55,771	0	155,189	813,337	11.00
13.00	01300	NURSING ADMINISTRATION	2,366,097	40,511	140,288	373,770	2,920,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	551,051	4,324	0	105,414	660,789	14.00
15.00	01500	PHARMACY	1,459,955	0	10,515	272,128	1,742,598	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	135,472	31,660	1,394	37,017	205,543	16.00
17.00	01700	SOCIAL SERVICE	1,162,273	7,111	0	26,347	1,195,731	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,069,917	216,015	124,094	1,823,323	8,233,349	30.00
31.00	03100	INTENSIVE CARE UNIT	1,267,128	19,503	23,396	296,513	1,606,540	31.00
40.00	04000	SUBPROVIDER - IPF	380,693	41,467	0	108,274	530,434	40.00
43.00	04300	NURSERY	466,708	0	2,117	99,246	568,071	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,287,958	70,197	265,988	425,336	3,049,479	50.00
51.00	05100	RECOVERY ROOM	997,364	7,528	0	274,564	1,279,456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,373,787	0	0	292,281	1,666,068	52.00
53.00	05300	ANESTHESIOLOGY	122,674	0	64,171	86,414	273,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,211,428	140,669	720,721	962,722	8,035,540	54.00
56.00	05600	RADIOISOTOPE	515,800	0	0	59,003	574,803	56.00
57.00	05700	CT SCAN	691,428	0	0	126,631	818,059	57.00
58.00	05800	MRI	318,125	21,364	0	78,228	417,717	58.00
60.00	06000	LABORATORY	5,175,400	96,252	119,157	701,393	6,092,202	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,177,298	31,212	27,163	266,166	1,501,839	65.00
66.00	06600	PHYSICAL THERAPY	2,278,577	250,747	35,949	650,527	3,215,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	232,874	8,648	0	76,862	318,384	67.00
68.00	06800	SPEECH PATHOLOGY	122,670	4,863	0	33,760	161,293	68.00
69.00	06900	ELECTROCARDIOLOGY	169,699	4,263	0	50,404	224,366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,391	0	0	1,601	6,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,526,534	47,551	48,821	0	1,622,906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,137,842	0	0	0	1,137,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,148,832	12,310	26,458	0	5,187,600	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,554,998	73,310	150,316	336,379	2,115,003	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	702,205	30,307	3,097	165,590	901,199	76.01
76.02	03610	SLEEP LAB	287,807	20,276	149,235	52,328	509,646	76.02
76.97	07697	CARDIAC REHABILITATION	1,099,504	10,285	0	144,607	1,254,396	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	280,439	0	0	42,935	323,374	90.00
91.00	09100	EMERGENCY	4,444,229	133,568	34,608	1,001,252	5,613,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,075,806	3,284,963	4,768,330	10,518,424	93,635,526	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,713	16,959	0	7,223	138,895	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	888,173	305,715	159,151	2,595	1,355,634	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	338,057	852,786	79,847	16,004	1,286,694	194.01
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)	96,416,749	4,460,423	5,007,328	10,544,246	96,416,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,500,181					5.00
7.00	00700	OPERATION OF PLANT	1,493,901	7,026,131				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	104,481	24,739	516,136			8.00
9.00	00900	HOUSEKEEPING	473,787	55,544	0	2,283,864		9.00
10.00	01000	DIETARY	184,631	321,688	0	1,797	1,191,844	10.00
11.00	01100	CAFETERIA	219,630	144,584	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	788,685	105,023	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178,437	11,209	0	0	0	14.00
15.00	01500	PHARMACY	470,564	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,504	82,077	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	322,890	18,436	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,223,275	560,007	203,143	422,871	732,107	30.00
31.00	03100	INTENSIVE CARE UNIT	433,824	50,560	34,956	157,229	63,468	31.00
40.00	04000	SUBPROVIDER - IPF	143,236	107,502	0	0	357,227	40.00
43.00	04300	NURSERY	153,400	0	0	0	141	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	823,469	181,983	41,130	84,454	0	50.00
51.00	05100	RECOVERY ROOM	345,499	19,517	0	60,196	11,299	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	449,898	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	73,790	0	0	8,985	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,169,885	364,678	19,331	268,937	169	54.00
56.00	05600	RADIOISOTOPE	155,218	0	0	12,578	84	56.00
57.00	05700	CT SCAN	220,905	0	0	21,862	0	57.00
58.00	05800	MRI	112,799	55,386	0	44,024	0	58.00
60.00	06000	LABORATORY	1,645,114	249,528	0	289,601	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	405,551	80,917	0	42,527	0	65.00
66.00	06600	PHYSICAL THERAPY	868,382	650,049	42,306	46,121	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	85,975	22,418	0	31,745	0	67.00
68.00	06800	SPEECH PATHOLOGY	43,555	12,607	0	38,933	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60,587	11,051	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,888	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	438,243	123,274	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	307,258	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,400,839	31,913	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	571,127	190,054	38,767	46,420	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	243,356	78,569	0	101,525	0	76.01
76.02	03610	SLEEP LAB	137,623	52,564	0	9,883	0	76.02
76.97	07697	CARDIAC REHABILITATION	338,732	26,664	0	40,730	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	87,323	0	38,631	8,985	0	90.00
91.00	09100	EMERGENCY	1,515,889	346,269	96,478	518,406	27,349	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)	19,749,150	3,978,810	514,742	2,257,809	1,191,844	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,507	43,966	0	16,172	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	366,070	792,550	1,394	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	347,454	2,210,805	0	9,883	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,500,181	7,026,131	516,136	2,283,864	1,191,844	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,177,551					11.00
13.00	01300	NURSING ADMINISTRATION	40,586	3,854,960				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,757	0	875,192			14.00
15.00	01500	PHARMACY	28,940	0	435	2,242,537		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,714	58,295	251	0	410,384	16.00
17.00	01700	SOCIAL SERVICE	2,478	0	99	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,859	1,633,370	79,762	6,560	25,095	30.00
31.00	03100	INTENSIVE CARE UNIT	36,242	242,834	21,970	1,132	3,869	31.00
40.00	04000	SUBPROVIDER - IPF	19,054	127,703	74	0	391	40.00
43.00	04300	NURSERY	12,445	0	0	0	1,111	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,696	373,137	19,826	0	31,386	50.00
51.00	05100	RECOVERY ROOM	32,485	217,664	9,757	1,464	5,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,642	245,468	0	0	5,066	52.00
53.00	05300	ANESTHESIOLOGY	18,601	0	14,442	5,976	13,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,679	0	40,227	40	60,234	54.00
56.00	05600	RADIOISOTOPE	5,969	0	0	87,187	4,268	56.00
57.00	05700	CT SCAN	16,949	0	18,549	12,833	38,143	57.00
58.00	05800	MRI	8,554	0	5,383	0	12,363	58.00
60.00	06000	LABORATORY	106,435	0	43,489	14	70,637	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	33,684	0	30,010	4	5,735	65.00
66.00	06600	PHYSICAL THERAPY	72,804	0	7,167	2	12,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,821	0	160	0	1,857	67.00
68.00	06800	SPEECH PATHOLOGY	4,504	0	33	0	791	68.00
69.00	06900	ELECTROCARDIOLOGY	6,289	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	213	0	0	0	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	257,132	0	6,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	178,976	0	7,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,170	2,120,872	35,116	73.00
75.00	07500	ASC (NON-DISTINCT PART)	40,613	272,003	71,902	1,379	16,599	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,508	0	995	0	1,756	76.01
76.02	03610	SLEEP LAB	7,648	0	2,138	0	1,464	76.02
76.97	07697	CARDIAC REHABILITATION	17,908	0	370	0	10,381	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,650	0	10,901	0	1,138	90.00
91.00	09100	EMERGENCY	102,198	684,486	58,851	5,074	38,249	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)	1,175,925	3,854,960	875,069	2,242,537	410,384	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,173	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	123	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	453	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,177,551	3,854,960	875,192	2,242,537	410,384	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,539,634					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,105	0	14,457,503	0	14,457,503	30.00
31.00	03100	INTENSIVE CARE UNIT	14,510	0	2,667,134	0	2,667,134	31.00
40.00	04000	SUBPROVIDER - IPF	1,468	0	1,287,089	0	1,287,089	40.00
43.00	04300	NURSERY	4,168	0	739,336	0	739,336	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	117,697	0	4,778,257	0	4,778,257	50.00
51.00	05100	RECOVERY ROOM	18,782	0	2,001,127	0	2,001,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,997	0	2,422,139	0	2,422,139	52.00
53.00	05300	ANESTHESIOLOGY	50,231	0	458,679	0	458,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	225,878	0	11,304,598	0	11,304,598	54.00
56.00	05600	RADIOISOTOPE	16,005	0	856,112	0	856,112	56.00
57.00	05700	CT SCAN	143,036	0	1,290,336	0	1,290,336	57.00
58.00	05800	MRI	46,360	0	702,586	0	702,586	58.00
60.00	06000	LABORATORY	265,582	0	8,762,602	0	8,762,602	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,506	0	2,121,773	0	2,121,773	65.00
66.00	06600	PHYSICAL THERAPY	46,830	0	4,961,949	0	4,961,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,965	0	476,325	0	476,325	67.00
68.00	06800	SPEECH PATHOLOGY	2,965	0	264,681	0	264,681	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	302,293	0	302,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	279	0	9,446	0	9,446	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,244	0	2,473,531	0	2,473,531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,391	0	1,657,505	0	1,657,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,684	0	8,910,194	0	8,910,194	73.00
75.00	07500	ASC (NON-DISTINCT PART)	62,246	0	3,426,113	0	3,426,113	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,584	0	1,391,492	0	1,391,492	76.01
76.02	03610	SLEEP LAB	5,490	0	726,456	0	726,456	76.02
76.97	07697	CARDIAC REHABILITATION	38,928	0	1,728,109	0	1,728,109	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,268	0	480,270	0	480,270	90.00
91.00	09100	EMERGENCY	143,435	0	9,150,341	0	9,150,341	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)	1,539,634	0	89,807,976	0	89,807,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	237,713	0	237,713	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,515,771	0	2,515,771	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	0	3,855,289	0	3,855,289	194.01
200.00		Cross Foot Adjustments		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)	1,539,634	0	96,416,749	0	96,416,749	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,400	351	9,751	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	97,808	674,363	2,129,840	2,902,011	5.00
7.00	00700	OPERATION OF PLANT	13,622	1,066,433	668,070	1,748,125	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,543	0	9,543	8.00
9.00	00900	HOUSEKEEPING	3,104	21,425	6,990	31,519	9.00
10.00	01000	DIETARY	0	124,087	15,591	139,678	10.00
11.00	01100	CAFETERIA	0	55,771	0	55,771	11.00
13.00	01300	NURSING ADMINISTRATION	681	40,511	140,288	181,480	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,826	4,324	0	10,150	14.00
15.00	01500	PHARMACY	98,452	0	10,515	108,967	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,660	1,394	33,054	16.00
17.00	01700	SOCIAL SERVICE	0	7,111	0	7,111	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,191	216,015	124,094	342,300	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,503	23,396	42,899	31.00
40.00	04000	SUBPROVIDER - IPF	0	41,467	0	41,467	40.00
43.00	04300	NURSERY	0	0	2,117	2,117	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	70,197	265,988	336,185	50.00
51.00	05100	RECOVERY ROOM	0	7,528	0	7,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	64,171	64,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	593,348	140,669	720,721	1,454,738	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	18,000	0	0	18,000	57.00
58.00	05800	MRI	0	21,364	0	21,364	58.00
60.00	06000	LABORATORY	10,910	96,252	119,157	226,319	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,212	27,163	58,375	65.00
66.00	06600	PHYSICAL THERAPY	140	250,747	35,949	286,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,648	0	8,648	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,863	0	4,863	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,263	0	4,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	47,551	48,821	96,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,310	26,458	38,768	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	73,310	150,316	223,626	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	30,307	3,097	33,404	76.01
76.02	03610	SLEEP LAB	0	20,276	149,235	169,511	76.02
76.97	07697	CARDIAC REHABILITATION	0	10,285	0	10,285	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,040	0	0	4,040	90.00
91.00	09100	EMERGENCY	0	133,568	34,608	168,176	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	848,122	3,284,963	4,768,330	8,901,415	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,959	0	16,959	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	305,715	159,151	464,866	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	852,786	79,847	932,633	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	848,122	4,460,423	5,007,328	10,315,873	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,902,536					5.00
7.00	00700	OPERATION OF PLANT	211,514	1,960,027				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,793	6,901	31,248			8.00
9.00	00900	HOUSEKEEPING	67,081	15,495	0	114,383		9.00
10.00	01000	DIETARY	26,141	89,739	0	90	255,726	10.00
11.00	01100	CAFETERIA	31,096	40,334	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	111,666	29,297	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,264	3,127	0	0	0	14.00
15.00	01500	PHARMACY	66,625	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,859	22,896	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	45,716	5,143	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	314,801	156,221	12,300	21,179	157,084	30.00
31.00	03100	INTENSIVE CARE UNIT	61,423	14,104	2,116	7,875	13,618	31.00
40.00	04000	SUBPROVIDER - IPF	20,280	29,989	0	0	76,648	40.00
43.00	04300	NURSERY	21,719	0	0	0	30	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116,591	50,766	2,490	4,230	0	50.00
51.00	05100	RECOVERY ROOM	48,917	5,445	0	3,015	2,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,699	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,448	0	0	450	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	307,223	101,732	1,170	13,469	36	54.00
56.00	05600	RADIOISOTOPE	21,976	0	0	630	18	56.00
57.00	05700	CT SCAN	31,277	0	0	1,095	0	57.00
58.00	05800	MRI	15,971	15,451	0	2,205	0	58.00
60.00	06000	LABORATORY	232,923	69,609	0	14,504	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	57,420	22,573	0	2,130	0	65.00
66.00	06600	PHYSICAL THERAPY	122,950	181,339	2,561	2,310	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,173	6,254	0	1,590	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,167	3,517	0	1,950	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,578	3,083	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	267	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,049	34,389	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,503	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,338	8,903	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	80,863	53,018	2,347	2,325	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,456	21,918	0	5,085	0	76.01
76.02	03610	SLEEP LAB	19,485	14,663	0	495	0	76.02
76.97	07697	CARDIAC REHABILITATION	47,959	7,438	0	2,040	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,364	0	2,339	450	0	90.00
91.00	09100	EMERGENCY	214,627	96,596	5,841	25,961	5,868	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)	2,796,202	1,109,940	31,164	113,078	255,726	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,310	12,265	0	810	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,830	221,092	84	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	49,194	616,730	0	495	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,902,536	1,960,027	31,248	114,383	255,726	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	127,345					11.00
13.00	01300	NURSING ADMINISTRATION	4,389	327,178				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,677	0	41,316			14.00
15.00	01500	PHARMACY	3,130	0	21	178,995		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	942	4,948	12	0	69,745	16.00
17.00	01700	SOCIAL SERVICE	268	0	5	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,371	138,627	3,766	524	4,254	30.00
31.00	03100	INTENSIVE CARE UNIT	3,919	20,610	1,037	90	656	31.00
40.00	04000	SUBPROVIDER - IPF	2,061	10,838	3	0	66	40.00
43.00	04300	NURSERY	1,346	0	0	0	188	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,023	31,669	936	0	5,321	50.00
51.00	05100	RECOVERY ROOM	3,513	18,474	461	117	849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,963	20,833	0	0	859	52.00
53.00	05300	ANESTHESIOLOGY	2,012	0	682	477	2,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,943	0	1,899	3	10,211	54.00
56.00	05600	RADIOISOTOPE	646	0	0	6,959	724	56.00
57.00	05700	CT SCAN	1,833	0	876	1,024	6,466	57.00
58.00	05800	MRI	925	0	254	0	2,096	58.00
60.00	06000	LABORATORY	11,510	0	2,053	1	12,149	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,643	0	1,417	0	972	65.00
66.00	06600	PHYSICAL THERAPY	7,873	0	338	0	2,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	0	8	0	315	67.00
68.00	06800	SPEECH PATHOLOGY	487	0	2	0	134	68.00
69.00	06900	ELECTROCARDIOLOGY	680	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23	0	0	0	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,135	0	1,141	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,450	0	1,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	102	169,285	5,953	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,392	23,085	3,395	110	2,814	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,219	0	47	0	298	76.01
76.02	03610	SLEEP LAB	827	0	101	0	248	76.02
76.97	07697	CARDIAC REHABILITATION	1,937	0	17	0	1,760	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	611	0	515	0	193	90.00
91.00	09100	EMERGENCY	11,052	58,094	2,778	405	6,484	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)	127,169	327,178	41,310	178,995	69,745	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	49	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	127,345	327,178	41,316	178,995	69,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	58,267					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,554		1,182,659	0	1,182,659	30.00
31.00	03100	INTENSIVE CARE UNIT	548		169,170	0	169,170	31.00
40.00	04000	SUBPROVIDER - IPF	55		181,507	0	181,507	40.00
43.00	04300	NURSERY	157		25,649	0	25,649	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,445		559,050	0	559,050	50.00
51.00	05100	RECOVERY ROOM	709		91,706	0	91,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	717		90,342	0	90,342	52.00
53.00	05300	ANESTHESIOLOGY	1,897		82,488	0	82,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,531		1,912,846	0	1,912,846	54.00
56.00	05600	RADIOISOTOPE	604		31,612	0	31,612	56.00
57.00	05700	CT SCAN	5,402		66,090	0	66,090	57.00
58.00	05800	MRI	1,751		60,089	0	60,089	58.00
60.00	06000	LABORATORY	10,152		579,869	0	579,869	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	812		147,588	0	147,588	65.00
66.00	06600	PHYSICAL THERAPY	1,769		608,695	0	608,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	263		30,276	0	30,276	67.00
68.00	06800	SPEECH PATHOLOGY	112		17,263	0	17,263	68.00
69.00	06900	ELECTROCARDIOLOGY	0		16,651	0	16,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11		315	0	315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	953		207,039	0	207,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	997		54,143	0	54,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,973		426,322	0	426,322	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,351		398,637	0	398,637	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	249		101,829	0	101,829	76.01
76.02	03610	SLEEP LAB	207		205,585	0	205,585	76.02
76.97	07697	CARDIAC REHABILITATION	1,470		73,040	0	73,040	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	161		20,713	0	20,713	90.00
91.00	09100	EMERGENCY	5,417		602,226	0	602,226	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)	58,267	0	7,943,399	0	7,943,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		35,478	0	35,478	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		737,880	0	737,880	192.00
194.00	07950	CARDINAL SLEEP	0		0	0	0	194.00
194.01	07951	OTHER NRCC	0		1,599,116	0	1,599,116	194.01
200.00		Cross Foot Adjustments		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)	58,267	0	10,315,873	0	10,315,873	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 12:28 am

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	438,434					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,844,962				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	924	340	35,500,052			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,286	2,060,780	1,908,519	-20,500,181	75,916,568	5.00
7.00	00700	OPERATION OF PLANT	104,824	646,408	1,409,711	0	5,532,230	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	0	40,813	0	386,916	8.00
9.00	00900	HOUSEKEEPING	2,106	6,763	1,045,540	0	1,754,533	9.00
10.00	01000	DIETARY	12,197	15,085	282,698	0	683,728	10.00
11.00	01100	CAFETERIA	5,482	0	522,484	0	813,337	11.00
13.00	01300	NURSING ADMINISTRATION	3,982	135,739	1,258,396	0	2,920,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	425	0	354,905	0	660,789	14.00
15.00	01500	PHARMACY	0	10,174	916,191	0	1,742,598	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,112	1,349	124,626	0	205,543	16.00
17.00	01700	SOCIAL SERVICE	699	0	88,704	0	1,195,731	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,233	120,070	6,138,741	0	8,233,349	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	22,637	998,288	0	1,606,540	31.00
40.00	04000	SUBPROVIDER - IPF	4,076	0	364,534	0	530,434	40.00
43.00	04300	NURSERY	0	2,048	334,137	0	568,071	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,900	257,363	1,432,008	0	3,049,479	50.00
51.00	05100	RECOVERY ROOM	740	0	924,393	0	1,279,456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	984,042	0	1,666,068	52.00
53.00	05300	ANESTHESIOLOGY	0	62,090	290,937	0	273,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,827	697,351	3,241,258	0	8,035,540	54.00
56.00	05600	RADIOISOTOPE	0	0	198,650	0	574,803	56.00
57.00	05700	CT SCAN	0	0	426,337	0	818,059	57.00
58.00	05800	MRI	2,100	0	263,375	0	417,717	58.00
60.00	06000	LABORATORY	9,461	115,293	2,361,426	0	6,092,202	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,068	26,282	896,120	0	1,501,839	65.00
66.00	06600	PHYSICAL THERAPY	24,647	34,783	2,190,173	0	3,215,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	850	0	258,775	0	318,384	67.00
68.00	06800	SPEECH PATHOLOGY	478	0	113,663	0	161,293	68.00
69.00	06900	ELECTROCARDIOLOGY	419	0	169,699	0	224,366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,391	0	6,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,674	47,238	0	0	1,622,906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,137,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,210	25,600	0	0	5,187,600	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,206	145,442	1,132,509	0	2,115,003	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,979	2,997	557,503	0	901,199	76.01
76.02	03610	SLEEP LAB	1,993	144,396	176,175	0	509,646	76.02
76.97	07697	CARDIAC REHABILITATION	1,011	0	486,859	0	1,254,396	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	144,553	0	323,374	90.00
91.00	09100	EMERGENCY	13,129	33,486	3,370,982	0	5,613,657	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)	322,893	4,613,714	35,413,115	-20,500,181	73,135,345	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,667	0	24,318	0	138,895	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,050	153,990	8,737	0	1,355,634	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	83,824	77,258	53,882	0	1,286,694	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,460,423	5,007,328	10,544,246		20,500,181	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.173534	1.033512	0.297021		0.270036	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			9,751		2,902,536	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000275		0.038233	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 12:28 am

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	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	266,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	428,908			8.00
9.00	00900	HOUSEKEEPING	2,106	0	7,626		9.00
10.00	01000	DIETARY	12,197	0	6	42,402	10.00
11.00	01100	CAFETERIA	5,482	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,982	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	425	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,112	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	699	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,233	168,813	1,412	26,046	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	29,048	525	2,258	31.00
40.00	04000	SUBPROVIDER - IPF	4,076	0	0	12,709	40.00
43.00	04300	NURSERY	0	0	0	5	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,900	34,179	282	0	50.00
51.00	05100	RECOVERY ROOM	740	0	201	402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	30	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,827	16,064	898	6	54.00
56.00	05600	RADIOISOTOPE	0	0	42	3	56.00
57.00	05700	CT SCAN	0	0	73	0	57.00
58.00	05800	MRI	2,100	0	147	0	58.00
60.00	06000	LABORATORY	9,461	0	967	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,068	0	142	0	65.00
66.00	06600	PHYSICAL THERAPY	24,647	35,156	154	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	850	0	106	0	67.00
68.00	06800	SPEECH PATHOLOGY	478	0	130	0	68.00
69.00	06900	ELECTROCARDIOLOGY	419	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,674	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	1,210	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,206	32,215	155	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,979	0	339	0	76.01
76.02	03610	SLEEP LAB	1,993	0	33	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,011	0	136	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	32,102	30	0	90.00
91.00	09100	EMERGENCY	13,129	80,173	1,731	973	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)	150,859	427,750	7,539	42,402	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,667	0	54	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,050	1,158	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	83,824	0	33	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,026,131	516,136	2,283,864	1,191,844	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.374366	1.203372	299.483871	28.108202	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,960,027	31,248	114,383	255,726	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.357459	0.072855	14.999082	6.030989	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: 14-0110

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			NURSING ADMINISTRATION (HOURS SUP- PLIED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	449,212					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,564,062				14.00
15.00	01500	PHARMACY	0	2,766	5,846,411			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,793	1,595	0	440,518,712		16.00
17.00	01700	SOCIAL SERVICE	0	629	0	0	440,518,712	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	190,334	507,090	17,102	26,925,651	26,925,651	30.00
31.00	03100	INTENSIVE CARE UNIT	28,297	139,672	2,950	4,151,717	4,151,717	31.00
40.00	04000	SUBPROVIDER - IPF	14,881	469	0	419,898	419,898	40.00
43.00	04300	NURSERY	0	0	0	1,192,455	1,192,455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,481	126,043	0	33,675,780	33,675,780	50.00
51.00	05100	RECOVERY ROOM	25,364	62,031	3,816	5,373,861	5,373,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,604	0	0	5,435,556	5,435,556	52.00
53.00	05300	ANESTHESIOLOGY	0	91,816	15,579	14,372,272	14,372,272	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	255,744	104	64,629,015	64,629,015	54.00
56.00	05600	RADIOISOTOPE	0	0	227,302	4,579,438	4,579,438	56.00
57.00	05700	CT SCAN	0	117,923	33,456	40,926,032	40,926,032	57.00
58.00	05800	MRI	0	34,224	0	13,264,748	13,264,748	58.00
60.00	06000	LABORATORY	0	276,483	36	75,982,581	75,982,581	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	190,791	10	6,153,263	6,153,263	65.00
66.00	06600	PHYSICAL THERAPY	0	45,562	4	13,399,213	13,399,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,018	0	1,992,706	1,992,706	67.00
68.00	06800	SPEECH PATHOLOGY	0	209	0	848,421	848,421	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	79,722	79,722	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,634,734	0	7,222,852	7,222,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,137,842	0	7,551,172	7,551,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,798	5,529,229	37,677,822	37,677,822	73.00
75.00	07500	ASC (NON-DISTINCT PART)	31,696	457,121	3,594	17,810,122	17,810,122	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,324	0	1,883,907	1,883,907	76.01
76.02	03610	SLEEP LAB	0	13,590	0	1,570,957	1,570,957	76.02
76.97	07697	CARDIAC REHABILITATION	0	2,350	0	11,138,239	11,138,239	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	69,306	0	1,221,171	1,221,171	90.00
91.00	09100	EMERGENCY	79,762	374,147	13,229	41,040,141	41,040,141	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)	449,212	5,563,277	5,846,411	440,518,712	440,518,712	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	785	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,854,960	875,192	2,242,537	410,384	1,539,634	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.581605	0.157294	0.383575	0.000932	0.003495	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	327,178	41,316	178,995	69,745	58,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.728338	0.007426	0.030616	0.000158	0.000132	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: 14-0110

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03160	STRESS TESTING	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.02	03610	SLEEP LAB	76.02
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	CARDINAL SLEEP	194.00
194.01	07951	OTHER NRCC	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 12:28 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,457,503		14,457,503	0	14,457,503	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,667,134		2,667,134	0	2,667,134	31.00	
40.00	04000	SUBPROVIDER - IPF	1,287,089		1,287,089	0	1,287,089	40.00	
43.00	04300	NURSERY	739,336		739,336	0	739,336	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,778,257		4,778,257	0	4,778,257	50.00	
51.00	05100	RECOVERY ROOM	2,001,127		2,001,127	0	2,001,127	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,422,139		2,422,139	0	2,422,139	52.00	
53.00	05300	ANESTHESIOLOGY	458,679		458,679	174,831	633,510	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,304,598		11,304,598	0	11,304,598	54.00	
56.00	05600	RADIOISOTOPE	856,112		856,112	0	856,112	56.00	
57.00	05700	CT SCAN	1,290,336		1,290,336	0	1,290,336	57.00	
58.00	05800	MRI	702,586		702,586	0	702,586	58.00	
60.00	06000	LABORATORY	8,762,602		8,762,602	0	8,762,602	60.00	
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	2,121,773	0	2,121,773	0	2,121,773	65.00	
66.00	06600	PHYSICAL THERAPY	4,961,949	0	4,961,949	0	4,961,949	66.00	
67.00	06700	OCCUPATIONAL THERAPY	476,325	0	476,325	0	476,325	67.00	
68.00	06800	SPEECH PATHOLOGY	264,681	0	264,681	0	264,681	68.00	
69.00	06900	ELECTROCARDIOLOGY	302,293		302,293	0	302,293	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	9,446		9,446	0	9,446	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,473,531		2,473,531	0	2,473,531	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,657,505		1,657,505	0	1,657,505	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	8,910,194		8,910,194	0	8,910,194	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	3,426,113		3,426,113	0	3,426,113	75.00	
76.00	03160	STRESS TESTING	0		0	0	0	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,391,492		1,391,492	16,443	1,407,935	76.01	
76.02	03610	SLEEP LAB	726,456		726,456	0	726,456	76.02	
76.97	07697	CARDIAC REHABILITATION	1,728,109		1,728,109	0	1,728,109	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	480,270		480,270	0	480,270	90.00	
91.00	09100	EMERGENCY	9,150,341		9,150,341	0	9,150,341	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,580,309		2,580,309		2,580,309	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	92,388,285	0	92,388,285	191,274	92,579,559	200.00	
201.00		Less Observation Beds	2,580,309		2,580,309		2,580,309	201.00	
202.00		Total (see instructions)	89,807,976	0	89,807,976	191,274	89,999,250	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 12:28 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	23,614,378		23,614,378			30.00	
31.00	03100	INTENSIVE CARE UNIT	4,124,036		4,124,036			31.00	
40.00	04000	SUBPROVIDER - IPF	419,898		419,898			40.00	
43.00	04300	NURSERY	1,461,821		1,461,821			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,517,574	27,157,639	33,675,213	0.141892	0.000000	50.00	
51.00	05100	RECOVERY ROOM	489,400	4,715,246	5,204,646	0.384489	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,193,777	805,796	4,999,573	0.484469	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,250,884	11,121,388	14,372,272	0.031914	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,438,756	61,190,259	64,629,015	0.174915	0.000000	54.00	
56.00	05600	RADIOISOTOPE	486,300	4,089,911	4,576,211	0.187079	0.000000	56.00	
57.00	05700	CT SCAN	5,978,407	30,225,688	36,204,095	0.035641	0.000000	57.00	
58.00	05800	MRI	930,234	12,334,514	13,264,748	0.052966	0.000000	58.00	
60.00	06000	LABORATORY	15,726,379	60,256,202	75,982,581	0.115324	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	3,928,678	2,224,585	6,153,263	0.344821	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	498,269	12,900,944	13,399,213	0.370316	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	204,263	1,788,443	1,992,706	0.239034	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	77,418	501,637	579,055	0.457091	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	911,167	2,978,296	3,889,463	0.077721	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,722	79,722	0.118487	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,799,914	5,422,938	7,222,852	0.342459	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,723,140	4,828,032	7,551,172	0.219503	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,066,882	30,336,104	42,402,986	0.210131	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,018,191	12,884,303	13,902,494	0.246439	0.000000	75.00	
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,865	1,882,042	1,883,907	0.738620	0.000000	76.01	
76.02	03610	SLEEP LAB	33,045	1,537,912	1,570,957	0.462429	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	1,910,934	9,227,305	11,138,239	0.155151	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	8,830	1,212,341	1,221,171	0.393286	0.000000	90.00	
91.00	09100	EMERGENCY	6,088,197	32,144,344	38,232,541	0.239334	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,434,160	4,336,324	6,770,484	0.381111	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	104,336,797	336,181,915	440,518,712			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	104,336,797	336,181,915	440,518,712			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.141892			50.00
51.00	05100	RECOVERY ROOM	0.384489			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.484469			52.00
53.00	05300	ANESTHESIOLOGY	0.044079			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174915			54.00
56.00	05600	RADIOISOTOPE	0.187079			56.00
57.00	05700	CT SCAN	0.035641			57.00
58.00	05800	MRI	0.052966			58.00
60.00	06000	LABORATORY	0.115324			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.344821			65.00
66.00	06600	PHYSICAL THERAPY	0.370316			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239034			67.00
68.00	06800	SPEECH PATHOLOGY	0.457091			68.00
69.00	06900	ELECTROCARDIOLOGY	0.077721			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118487			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.342459			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.219503			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210131			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.246439			75.00
76.00	03160	STRESS TESTING	0.000000			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.747348			76.01
76.02	03610	SLEEP LAB	0.462429			76.02
76.97	07697	CARDIAC REHABILITATION	0.155151			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.393286			90.00
91.00	09100	EMERGENCY	0.239334			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.381111			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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 12:28 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,457,503		14,457,503	0	14,457,503	30.00
31.00	03100	INTENSIVE CARE UNIT	2,667,134		2,667,134	0	2,667,134	31.00
40.00	04000	SUBPROVIDER - IPF	1,287,089		1,287,089	0	1,287,089	40.00
43.00	04300	NURSERY	739,336		739,336	0	739,336	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,778,257		4,778,257	0	4,778,257	50.00
51.00	05100	RECOVERY ROOM	2,001,127		2,001,127	0	2,001,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,422,139		2,422,139	0	2,422,139	52.00
53.00	05300	ANESTHESIOLOGY	458,679		458,679	174,831	633,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,304,598		11,304,598	0	11,304,598	54.00
56.00	05600	RADIOISOTOPE	856,112		856,112	0	856,112	56.00
57.00	05700	CT SCAN	1,290,336		1,290,336	0	1,290,336	57.00
58.00	05800	MRI	702,586		702,586	0	702,586	58.00
60.00	06000	LABORATORY	8,762,602		8,762,602	0	8,762,602	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,121,773	0	2,121,773	0	2,121,773	65.00
66.00	06600	PHYSICAL THERAPY	4,961,949	0	4,961,949	0	4,961,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	476,325	0	476,325	0	476,325	67.00
68.00	06800	SPEECH PATHOLOGY	264,681	0	264,681	0	264,681	68.00
69.00	06900	ELECTROCARDIOLOGY	302,293		302,293	0	302,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,446		9,446	0	9,446	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,473,531		2,473,531	0	2,473,531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,657,505		1,657,505	0	1,657,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,910,194		8,910,194	0	8,910,194	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,426,113		3,426,113	0	3,426,113	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,391,492		1,391,492	16,443	1,407,935	76.01
76.02	03610	SLEEP LAB	726,456		726,456	0	726,456	76.02
76.97	07697	CARDIAC REHABILITATION	1,728,109		1,728,109	0	1,728,109	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	480,270		480,270	0	480,270	90.00
91.00	09100	EMERGENCY	9,150,341		9,150,341	0	9,150,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,580,309		2,580,309	0	2,580,309	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	92,388,285	0	92,388,285	191,274	92,579,559	200.00
201.00		Less Observation Beds	2,580,309		2,580,309		2,580,309	201.00
202.00		Total (see instructions)	89,807,976	0	89,807,976	191,274	89,999,250	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 12:28 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,614,378		23,614,378		30.00
31.00	03100	INTENSIVE CARE UNIT	4,124,036		4,124,036		31.00
40.00	04000	SUBPROVIDER - IPF	419,898		419,898		40.00
43.00	04300	NURSERY	1,461,821		1,461,821		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,517,574	27,157,639	33,675,213	0.141892	0.000000
51.00	05100	RECOVERY ROOM	489,400	4,715,246	5,204,646	0.384489	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,193,777	805,796	4,999,573	0.484469	0.000000
53.00	05300	ANESTHESIOLOGY	3,250,884	11,121,388	14,372,272	0.031914	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,438,756	61,190,259	64,629,015	0.174915	0.000000
56.00	05600	RADIOISOTOPE	486,300	4,089,911	4,576,211	0.187079	0.000000
57.00	05700	CT SCAN	5,978,407	30,225,688	36,204,095	0.035641	0.000000
58.00	05800	MRI	930,234	12,334,514	13,264,748	0.052966	0.000000
60.00	06000	LABORATORY	15,726,379	60,256,202	75,982,581	0.115324	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	3,928,678	2,224,585	6,153,263	0.344821	0.000000
66.00	06600	PHYSICAL THERAPY	498,269	12,900,944	13,399,213	0.370316	0.000000
67.00	06700	OCCUPATIONAL THERAPY	204,263	1,788,443	1,992,706	0.239034	0.000000
68.00	06800	SPEECH PATHOLOGY	77,418	501,637	579,055	0.457091	0.000000
69.00	06900	ELECTROCARDIOLOGY	911,167	2,978,296	3,889,463	0.077721	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,722	79,722	0.118487	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,799,914	5,422,938	7,222,852	0.342459	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,723,140	4,828,032	7,551,172	0.219503	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	12,066,882	30,336,104	42,402,986	0.210131	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	1,018,191	12,884,303	13,902,494	0.246439	0.000000
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,865	1,882,042	1,883,907	0.738620	0.000000
76.02	03610	SLEEP LAB	33,045	1,537,912	1,570,957	0.462429	0.000000
76.97	07697	CARDIAC REHABILITATION	1,910,934	9,227,305	11,138,239	0.155151	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,830	1,212,341	1,221,171	0.393286	0.000000
91.00	09100	EMERGENCY	6,088,197	32,144,344	38,232,541	0.239334	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,434,160	4,336,324	6,770,484	0.381111	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	104,336,797	336,181,915	440,518,712		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	104,336,797	336,181,915	440,518,712		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03160	STRESS TESTING	0.000000			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.01
76.02	03610	SLEEP LAB	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 12:28 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,182,659	0	1,182,659	12,674	93.31	30.00
31.00	INTENSIVE CARE UNIT	169,170		169,170	1,149	147.23	31.00
40.00	SUBPROVIDER - IPF	181,507	0	181,507	191	950.30	40.00
43.00	NURSERY	25,649		25,649	1,023	25.07	43.00
200.00	Total (lines 30 through 199)	1,558,985		1,558,985	15,037		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	3,975	370,907				
31.00	INTENSIVE CARE UNIT	536	78,915				
40.00	SUBPROVIDER - IPF	157	149,197				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,668	599,019				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/25/2022 12:28 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	559,050	33,675,213	0.016601	2,840,444	47,154	50.00
51.00	05100	RECOVERY ROOM	91,706	5,204,646	0.017620	262,981	4,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,342	4,999,573	0.018070	318,595	5,757	52.00
53.00	05300	ANESTHESIOLOGY	82,488	14,372,272	0.005739	1,247,130	7,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,912,846	64,629,015	0.029597	1,472,889	43,593	54.00
56.00	05600	RADIOISOTOPE	31,612	4,576,211	0.006908	320,180	2,212	56.00
57.00	05700	CT SCAN	66,090	36,204,095	0.001825	3,251,116	5,933	57.00
58.00	05800	MRI	60,089	13,264,748	0.004530	481,345	2,180	58.00
60.00	06000	LABORATORY	579,869	75,982,581	0.007632	7,496,266	57,212	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	147,588	6,153,263	0.023985	1,664,361	39,920	65.00
66.00	06600	PHYSICAL THERAPY	608,695	13,399,213	0.045428	280,340	12,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,276	1,992,706	0.015193	110,128	1,673	67.00
68.00	06800	SPEECH PATHOLOGY	17,263	579,055	0.029812	43,462	1,296	68.00
69.00	06900	ELECTROCARDIOLOGY	16,651	3,889,463	0.004281	494,159	2,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	315	79,722	0.003951	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	207,039	7,222,852	0.028664	540,636	15,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,143	7,551,172	0.007170	1,364,127	9,781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	426,322	42,402,986	0.010054	5,329,906	53,587	73.00
75.00	07500	ASC (NON-DISTINCT PART)	398,637	13,902,494	0.028674	671,328	19,250	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	101,829	1,883,907	0.054052	1,315	71	76.01
76.02	03610	SLEEP LAB	205,585	1,570,957	0.130866	23,903	3,128	76.02
76.97	07697	CARDIAC REHABILITATION	73,040	11,138,239	0.006558	1,055,705	6,923	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,713	1,221,171	0.016962	5,911	100	90.00
91.00	09100	EMERGENCY	602,226	38,232,541	0.015752	3,379,487	53,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	211,074	6,770,484	0.031176	1,363,825	42,519	92.00
200.00		Total (lines 50 through 199)	6,595,488	410,898,579		34,019,539	437,661	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part III
Date/Time Prepared:
2/25/2022 12:28 am

				Title XVIII		Hospital	PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	12,674	0.00	3,975	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,149	0.00	536	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	191	0.00	157	40.00	
43.00	04300	NURSERY	0	0	1,023	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	15,037		4,668	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 12:28 am

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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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: 14-0110		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 12:28 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	33,675,213	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,204,646	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,999,573	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,372,272	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	64,629,015	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,576,211	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	36,204,095	0.000000	57.00
58.00	05800	MRI	0	0	0	13,264,748	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	75,982,581	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,153,263	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,399,213	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,992,706	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	579,055	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,889,463	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	79,722	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,222,852	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,551,172	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	42,402,986	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	13,902,494	0.000000	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,883,907	0.000000	76.01
76.02	03610	SLEEP LAB	0	0	0	1,570,957	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	11,138,239	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,221,171	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	38,232,541	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,770,484	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	410,898,579		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0110

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

Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 12:28 am

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	2,840,444	0	8,529,967	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	262,981	0	1,780,026	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	318,595	0	27,601	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,247,130	0	3,142,463	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,472,889	0	21,364,177	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	320,180	0	1,862,478	0	56.00
57.00	05700	CT SCAN	0.000000	3,251,116	0	5,333,225	0	57.00
58.00	05800	MRI	0.000000	481,345	0	2,665,932	0	58.00
60.00	06000	LABORATORY	0.000000	7,496,266	0	6,613,633	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,664,361	0	493,202	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	280,340	0	36,097	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	110,128	0	2,677	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	43,462	0	1,140	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	494,159	0	897,423	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	540,636	0	2,179,937	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,364,127	0	1,952,597	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,329,906	0	11,336,625	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	671,328	0	4,419,981	0	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	1,315	0	491,514	0	76.01
76.02	03610	SLEEP LAB	0.000000	23,903	0	598,027	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	1,055,705	0	3,079,877	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	5,911	0	607,412	0	90.00
91.00	09100	EMERGENCY	0.000000	3,379,487	0	7,803,884	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,363,825	0	1,130,372	0	92.00
200.00		Total (lines 50 through 199)		34,019,539	0	86,350,267	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 12:28 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.141892	8,529,967	0	0	1,210,334	50.00
51.00	05100	RECOVERY ROOM	0.384489	1,780,026	0	0	684,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.484469	27,601	0	0	13,372	52.00
53.00	05300	ANESTHESIOLOGY	0.031914	3,142,463	0	0	100,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174915	21,364,177	0	0	3,736,915	54.00
56.00	05600	RADIOISOTOPE	0.187079	1,862,478	0	0	348,431	56.00
57.00	05700	CT SCAN	0.035641	5,333,225	0	0	190,081	57.00
58.00	05800	MRI	0.052966	2,665,932	0	0	141,204	58.00
60.00	06000	LABORATORY	0.115324	6,613,633	6,675	0	762,711	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.344821	493,202	0	0	170,066	65.00
66.00	06600	PHYSICAL THERAPY	0.370316	36,097	0	0	13,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239034	2,677	0	0	640	67.00
68.00	06800	SPEECH PATHOLOGY	0.457091	1,140	0	0	521	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077721	897,423	0	0	69,749	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118487	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.342459	2,179,937	0	0	746,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.219503	1,952,597	0	0	428,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210131	11,336,625	0	23,901	2,382,176	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.246439	4,419,981	0	0	1,089,256	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.738620	491,514	0	0	363,042	76.01
76.02	03610	SLEEP LAB	0.462429	598,027	0	0	276,545	76.02
76.97	07697	CARDIAC REHABILITATION	0.155151	3,079,877	0	0	477,846	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.393286	607,412	0	0	238,887	90.00
91.00	09100	EMERGENCY	0.239334	7,803,884	0	0	1,867,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.381111	1,130,372	0	0	430,797	92.00
200.00		Subtotal (see instructions)		86,350,267	6,675	23,901	15,743,504	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		86,350,267	6,675	23,901	15,743,504	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 12:28 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	770	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,022		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03160	STRESS TESTING	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.02	03610	SLEEP LAB	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	770	5,022		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	770	5,022		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:

Worksheet D

Component CCN: 14-S110

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/25/2022 12:28 am

			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	559,050	33,675,213	0.016601	0	0
51.00	05100	RECOVERY ROOM	91,706	5,204,646	0.017620	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,342	4,999,573	0.018070	812	15
53.00	05300	ANESTHESIOLOGY	82,488	14,372,272	0.005739	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,912,846	64,629,015	0.029597	11,283	334
56.00	05600	RADIOISOTOPE	31,612	4,576,211	0.006908	0	0
57.00	05700	CT SCAN	66,090	36,204,095	0.001825	0	0
58.00	05800	MRI	60,089	13,264,748	0.004530	0	0
60.00	06000	LABORATORY	579,869	75,982,581	0.007632	49,641	379
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	147,588	6,153,263	0.023985	4,919	118
66.00	06600	PHYSICAL THERAPY	608,695	13,399,213	0.045428	1,266	58
67.00	06700	OCCUPATIONAL THERAPY	30,276	1,992,706	0.015193	536	8
68.00	06800	SPEECH PATHOLOGY	17,263	579,055	0.029812	1,198	36
69.00	06900	ELECTROCARDIOLOGY	16,651	3,889,463	0.004281	1,945	8
70.00	07000	ELECTROENCEPHALOGRAPHY	315	79,722	0.003951	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	207,039	7,222,852	0.028664	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,143	7,551,172	0.007170	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	426,322	42,402,986	0.010054	54,203	545
75.00	07500	ASC (NON-DISTINCT PART)	398,637	13,902,494	0.028674	0	0
76.00	03160	STRESS TESTING	0	0	0.000000	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	101,829	1,883,907	0.054052	222	12
76.02	03610	SLEEP LAB	205,585	1,570,957	0.130866	0	0
76.97	07697	CARDIAC REHABILITATION	73,040	11,138,239	0.006558	3,247	21
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,713	1,221,171	0.016962	0	0
91.00	09100	EMERGENCY	602,226	38,232,541	0.015752	26,369	415
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,770,484	0.000000	0	0
200.00	Total (lines 50 through 199)		6,384,414	410,898,579		155,641	1,949

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0110 Component CCN: 14-S110		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 12:28 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03160	STRESS TESTING		0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.01
76.02	03610	SLEEP LAB		0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		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: 14-0110 Component CCN: 14-S110		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 12:28 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	33,675,213	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	5,204,646	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,999,573	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	14,372,272	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	64,629,015	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	4,576,211	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	36,204,095	0.000000	57.00
58.00	05800	MRI		0	0	0	13,264,748	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	75,982,581	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	6,153,263	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	13,399,213	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,992,706	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	579,055	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	3,889,463	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	79,722	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	7,222,852	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	7,551,172	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	42,402,986	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	13,902,494	0.000000	75.00
76.00	03160	STRESS TESTING		0	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	1,883,907	0.000000	76.01
76.02	03610	SLEEP LAB		0	0	0	1,570,957	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	11,138,239	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,221,171	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	38,232,541	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	6,770,484	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	410,898,579		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0110 Component CCN: 14-S110		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 12:28 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	812	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,283	0	0	0	54.00
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
60.00	06000	LABORATORY		0.000000	49,641	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	4,919	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,266	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	536	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,198	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,945	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	54,203	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03160	STRESS TESTING		0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	222	0	0	0	76.01
76.02	03610	SLEEP LAB		0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0.000000	3,247	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	26,369	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)			155,641	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 12:28 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,674	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,674	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)		10,412	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,975	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)		14,457,503	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)		14,457,503	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)		14,457,503	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)		1,140.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,534,362	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)		4,534,362	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0110

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,667,134	1,149	2,321.27	536	1,244,201
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,075,929
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,854,492
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					449,822
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					437,661
52.00	Total Program excludable cost (sum of lines 50 and 51)					887,483
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,967,009
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,262
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,140.72
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,580,309

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0110

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,182,659	14,457,503	0.081802	2,580,309	211,074
91.00	Nursing Program cost	0	14,457,503	0.000000	2,580,309	0
92.00	Allied health cost	0	14,457,503	0.000000	2,580,309	0
93.00	All other Medical Education	0	14,457,503	0.000000	2,580,309	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 12:28 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		191	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		191	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)		191	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)		157	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)		1,287,089	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)		1,287,089	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)		1,287,089	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)		6,738.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,057,974	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,057,974	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1		
				Component CCN: 14-S110		Date/Time Prepared: 2/25/2022 12:28 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						29,455	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,087,429	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)						149,197	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,949	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						151,146	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						936,283	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110 Component CCN: 14-S110		Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 12:28 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	181,507	1,287,089	0.141021	0	0	90.00
91.00 Nursing Program cost	0	1,287,089	0.000000	0	0	91.00
92.00 Allied health cost	0	1,287,089	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,287,089	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 12:28 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,507,130		30.00
31.00	03100	INTENSIVE CARE UNIT		1,632,322		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.141892	2,840,444	403,036	50.00
51.00	05100	RECOVERY ROOM	0.384489	262,981	101,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.484469	318,595	154,349	52.00
53.00	05300	ANESTHESIOLOGY	0.044079	1,247,130	54,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174915	1,472,889	257,630	54.00
56.00	05600	RADIOISOTOPE	0.187079	320,180	59,899	56.00
57.00	05700	CT SCAN	0.035641	3,251,116	115,873	57.00
58.00	05800	MRI	0.052966	481,345	25,495	58.00
60.00	06000	LABORATORY	0.115324	7,496,266	864,499	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.344821	1,664,361	573,907	65.00
66.00	06600	PHYSICAL THERAPY	0.370316	280,340	103,814	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239034	110,128	26,324	67.00
68.00	06800	SPEECH PATHOLOGY	0.457091	43,462	19,866	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077721	494,159	38,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118487	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.342459	540,636	185,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.219503	1,364,127	299,430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210131	5,329,906	1,119,978	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.246439	671,328	165,441	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.747348	1,315	983	76.01
76.02	03610	SLEEP LAB	0.462429	23,903	11,053	76.02
76.97	07697	CARDIAC REHABILITATION	0.155151	1,055,705	163,794	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.393286	5,911	2,325	90.00
91.00	09100	EMERGENCY	0.239334	3,379,487	808,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.381111	1,363,825	519,769	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		34,019,539	6,075,929	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		34,019,539		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 12:28 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF		342,722		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.141892	0	0	50.00
51.00	05100 RECOVERY ROOM	0.384489	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.484469	812	393	52.00
53.00	05300 ANESTHESIOLOGY	0.044079	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174915	11,283	1,974	54.00
56.00	05600 RADIOISOTOPE	0.187079	0	0	56.00
57.00	05700 CT SCAN	0.035641	0	0	57.00
58.00	05800 MRI	0.052966	0	0	58.00
60.00	06000 LABORATORY	0.115324	49,641	5,725	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.344821	4,919	1,696	65.00
66.00	06600 PHYSICAL THERAPY	0.370316	1,266	469	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239034	536	128	67.00
68.00	06800 SPEECH PATHOLOGY	0.457091	1,198	548	68.00
69.00	06900 ELECTROCARDIOLOGY	0.077721	1,945	151	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.118487	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342459	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.219503	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210131	54,203	11,390	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.246439	0	0	75.00
76.00	03160 STRESS TESTING	0.000000	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.747348	222	166	76.01
76.02	03610 SLEEP LAB	0.462429	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.155151	3,247	504	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.393286	0	0	90.00
91.00	09100 EMERGENCY	0.239334	26,369	6,311	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.381111	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		155,641	29,455	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		155,641		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			10,927,251	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)			5,626	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)			81.80	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.74	30.00
31.00	Percentage of Medicaid patient days (see instructions)			33.71	31.00
32.00	Sum of lines 30 and 31			37.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)			20.11	33.00
34.00	Disproportionate share adjustment (see instructions)			549,368	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000		0.000096883	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	803,164	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	803,164	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		803,164		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		12,285,409		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)			12,285,409	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			828,534	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			43,920	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 intructions)			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)			13,157,863	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,157,863	61.00
62.00	Deductibles billed to program beneficiaries			1,378,360	62.00
63.00	Coinsurance billed to program beneficiaries			4,928	63.00
64.00	Allowable bad debts (see instructions)			231,791	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			150,664	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			243,874	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,925,239	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)				70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			53,902	70.93
70.94	HRR adjustment amount (see instructions)			-5,485	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2021	323,960		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)		12,297,616		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		12,288,889		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)		8,727		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		397,760		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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,927,251	0		10,927,251	10,927,251	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	5,626	0		5,626	5,626	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	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	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2011	0.2011	0.2011	0.2011		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	549,368	0	0	549,368	549,368	11.00
11.01	Uncompensated care payments	36.00	803,164	0	0	803,164	803,164	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	0	12.00
13.00	Subtotal (see instructions)	47.00	12,285,409	0	0	12,285,409	12,285,409	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,285,409	0	0	12,285,409	12,285,409	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	828,534	0	0	828,534	828,534	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 12:28 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	43,920	0	0	43,920	43,920	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	13,157,863	13,157,863	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	828,162	0	0	828,162	828,162	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	372	0	0	372	372	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	828,534	0	0	828,534	828,534	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	0.024621		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				323,960	323,960	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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,927,251		10,927,251	10,927,251	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	5,626		5,626	5,626	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	0.2011	0.2011	0.2011		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	549,368	0	549,368	549,368	11.00
11.01	Uncompensated care payments	36.00	803,164	0	803,164	803,164	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,285,409	0	12,285,409	12,285,409	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	12,285,409	0	12,285,409	12,285,409	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	828,534	0	828,534	828,534	16.00
17.00	Special add-on payments for new technologies	54.00	43,920	0	43,920	43,920	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	13,157,863	13,157,863	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	828,162	0	828,162	828,162	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	372	0	372	372	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	828,534	0	828,534	828,534	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	323,960		323,960	323,960	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	53,902	0	53,902	53,902	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	-5,485	0	-5,485	-5,485	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: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 12:28 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,792	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,743,504	2.00
3.00	OPPS payments		12,404,371	3.00
4.00	Outlier payment (see instructions)		74,372	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,792	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,576	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)		30,576	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)		30,576	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,784	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)		5,792	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)		12,478,743	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,286,294	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)		10,198,241	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)		10,198,241	30.00
31.00	Primary payer payments		327	31.00
32.00	Subtotal (line 30 minus line 31)		10,197,914	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)		245,124	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		159,331	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		246,021	36.00
37.00	Subtotal (see instructions)		10,357,245	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)		10,357,245	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		10,474,987	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)		-117,742	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		66,024	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: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 12:28 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,344,359		10,501,974	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	04/20/2021	55,470	04/20/2021	26,987	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)		-55,470		-26,987	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)		12,288,889		10,474,987	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		8,727		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		117,742	6.02
7.00	Total Medicare program liability (see instructions)		12,297,616		10,357,245	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0110

Period:

Worksheet E-1

Component CCN: 14-S110

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/25/2022 12:28 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		135,898		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		135,898		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		135,898		0	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: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet E-1 Part II Date/Time Prepared: 2/25/2022 12:28 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8 through 12, and 32.			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part II Date/Time Prepared: 2/25/2022 12:28 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			154,278 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			0.523288 9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			154,278 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			154,278 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			154,278 18.00
19.00	Deductibles			16,972 19.00
20.00	Subtotal (line 18 minus line 19)			137,306 20.00
21.00	Coinsurance			1,408 21.00
22.00	Subtotal (line 20 minus line 21)			135,898 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			135,898 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			135,898 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			135,898 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			0 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0110

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

Worksheet G

Date/Time Prepared:
2/25/2022 12:28 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,757	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,176,024	0	0	0	4.00
5.00	Other receivable	10,162,963	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-40,673,244	0	0	0	6.00
7.00	Inventory	2,804,924	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	450,730	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)	27,923,154	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,227,906	0	0	0	12.00
13.00	Land improvements	3,114,070	0	0	0	13.00
14.00	Accumulated depreciation	-2,623,610	0	0	0	14.00
15.00	Buildings	70,765,367	0	0	0	15.00
16.00	Accumulated depreciation	-38,986,941	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	35,014,252	0	0	0	23.00
24.00	Accumulated depreciation	-24,628,695	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	430,778	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	46,313,127	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	20,514,393	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,505,466	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,019,859	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	96,256,140	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,121,024	0	0	0	37.00
38.00	Salaries, wages, and fees payable	104,294	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,122,489	0	0	0	40.00
41.00	Deferred income	430,889	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	14,774,206	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,552,902	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	4,523,770	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,523,770	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	30,076,672	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	66,179,468	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	66,179,468	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	96,256,140	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0110

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

Worksheet G-1

Date/Time Prepared:
2/25/2022 12:28 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		31,365,612		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		34,173,980				2.00
3.00	Total (sum of line 1 and line 2)		65,539,592		0		3.00
4.00	INCREASE IN TEMP RESTRICTED ASSETS	639,876		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		639,876		0		10.00
11.00	Subtotal (line 3 plus line 10)		66,179,468		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		66,179,468		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	INCREASE IN TEMP RESTRICTED ASSETS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0110

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 12:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	21,347,622		21,347,622	1.00
2.00	SUBPROVIDER - IPF	419,898		419,898	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)	21,767,520		21,767,520	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,151,717		4,151,717	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)	4,151,717		4,151,717	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	25,919,237		25,919,237	17.00
18.00	Ancillary services	67,005,783	298,561,896	365,567,679	18.00
19.00	Outpatient services	9,016,696	40,015,100	49,031,796	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	4,458,684	19,279,555	23,738,239	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	106,400,400	357,856,551	464,256,951	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		110,915,924		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)		110,915,924		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0110

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

Worksheet G-3

Date/Time Prepared:
2/25/2022 12:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	464,256,951	1.00
2.00	Less contractual allowances and discounts on patients' accounts	330,809,182	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,447,769	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	110,915,924	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,531,845	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,208,706	6.00
7.00	Income from investments	2,592,029	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	277,635	14.00
15.00	Revenue from rental of living quarters	285,309	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	2,959	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	681,558	24.00
24.01	COMMUNITY HEALTH EDUCATION	12,526	24.01
24.02	GAIN FROM DISPOSAL OF ASSETS	8,842	24.02
24.03	RISK VALUE BASED REVENUE	1,387,725	24.03
24.04	CONTRACT PHARMACY	860,308	24.04
24.50	COVID-19 PHE Funding	3,324,538	24.50
25.00	Total other income (sum of lines 6-24)	11,642,135	25.00
26.00	Total (line 5 plus line 25)	34,173,980	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)	34,173,980	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0110	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/25/2022 12:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		828,162	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		372	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)		32.95	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)		828,534	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