

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: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 10:45 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OSF HEART OF MARY MEDICAL CENTER (14-0113) 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	781,343	-18,391	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	29,147	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	810,490	-18,391	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: 14-0113		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:45 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1400 WEST PARK STREET			PO Box:				1.00				
2.00	City: URBANA			State: IL		Zip Code: 61801		County: CHAMPAIGN				
		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			OSF HEART OF MARY MEDICAL CENTER	140113	16580	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF			OSF HEART OF MARY MEDICAL CENTER	14T113	16580	5	10/01/1983	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020	09/30/2021		20.00		
21.00	Type of Control (see instructions)						1			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 10:45 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	753	853	0	0	2,725	64	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	98	65	0	0	471		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:45 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
					0.000000	64.00	

Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 10:45 am

MCRIF32 - 17.2.173.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:45 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	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	5,604	1,080,000	15,600118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0113		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:45 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			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 10:45 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)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2022
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.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 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		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	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 10:45 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			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.	LOUIS	RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-655-2873	LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 10:45 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.	SENIOR GOVT RPT 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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 10:45 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	164	59,860	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)		164	59,860	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	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)		179	65,335	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		204			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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 10:45 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)	4,054	571	14,252			1.00
2.00	HMO and other (see instructions)	3,449	3,578				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,019	536				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)	4,054	571	14,252			7.00
8.00	INTENSIVE CARE UNIT	626	49	1,852			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		133	1,027			13.00
14.00	Total (see instructions)	4,680	753	17,131	6.12	563.09	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,836	98	4,157	0.00	26.23	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)				6.12	589.32	27.00
28.00	Observation Bed Days		587	2,352			28.00
29.00	Ambulance Trips	2,948					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	64	184			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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 10:45 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	985	211	4,777	1.00
2.00 HMO and other (see instructions)			705	854		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				31		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	985	211	4,777	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	157	2	261	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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 10:45 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	38,870,642	421,180	39,291,822	1,171,227.00	33.55
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		14,396	0	14,396	122.00	118.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		417,904	0	417,904	4,273.00	97.80
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	274	3	277	7.00	39.57
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)		6,008,425	154,744	6,163,169	229,715.00	26.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,132,949	0	2,132,949	16,690.00	127.80
12.00	Contract labor: Top level management and other management and administrative services		258	0	258	4.00	64.50
13.00	Contract labor: Physician-Part A - Administrative		50,813	0	50,813	511.00	99.44
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		10,134,753	0	10,134,753	268,067.00	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)		8,473,757	0	8,473,757		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,856,569	0	1,856,569		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,647	0	1,647		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		54,293	0	54,293		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		69	0	69		
25.50	Home office wage-related (core)		3,716,329	0	3,716,329		
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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 10:45 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	870,526	-857,468	13,058	136.00	96.01	26.00
27.00	Administrative & General	5.00	2,659,638	344,470	3,004,108	63,941.00	46.98	27.00
28.00	Administrative & General under contract (see inst.)		726,825	0	726,825	4,967.00	146.33	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	986,268	10,964	997,232	28,397.00	35.12	30.00
31.00	Laundry & Linen Service	8.00	85,926	1,864	87,790	4,961.00	17.70	31.00
32.00	Housekeeping	9.00	865,165	26,068	891,233	47,393.00	18.81	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	800,593	-287,093	513,500	28,518.00	18.01	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	305,291	305,291	17,578.00	17.37	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,457,626	44,238	1,501,864	41,647.00	36.06	38.00
39.00	Central Services and Supply	14.00	538,537	9,701	548,238	25,467.00	21.53	39.00
40.00	Pharmacy	15.00	1,387,744	14,351	1,402,095	26,952.00	52.02	40.00
41.00	Medical Records & Medical Records Library	16.00	114,057	1,944	116,001	6,626.00	17.51	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 10:45 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)	39,179,289	421,177	39,600,466	1,171,914.00	33.79	1.00
2.00	Excluded area salaries (see instructions)	6,008,425	154,744	6,163,169	229,715.00	26.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,170,864	266,433	33,437,297	942,199.00	35.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,318,773	0	12,318,773	285,272.00	43.18	4.00
5.00	Subtotal wage-related costs (see inst.)	12,191,733	0	12,191,733	0.00	36.46	5.00
6.00	Total (sum of lines 3 thru 5)	57,681,370	266,433	57,947,803	1,227,471.00	47.21	6.00
7.00	Total overhead cost (see instructions)	10,492,905	-385,670	10,107,235	296,583.00	34.08	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2022 10:45 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,548,354	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)		5,609,936	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)		64,553	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		302,192	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		2,749,616	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		20	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		111,664	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,386,335	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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/25/2022 10:45 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		OSF HEART OF MARY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/25/2022 10:45 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)			0.223492	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			6,174,232	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			75,300,836	6.00
7.00	Medicaid cost (line 1 times line 6)			16,829,134	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)			10,654,902	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)			10,654,902	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)	9,847,121	450,948	10,298,069	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,200,753	450,948	2,651,701	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,200,753	450,948	2,651,701	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,513,161	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			204,694	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			314,914	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,198,247	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			601,511	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,253,212	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,908,114	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
2/25/2022 10:45 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		4,731,581	4,731,581	119,512	4,851,093	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,610,008	3,610,008	302,321	3,912,329	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	870,526	10,702,239	11,572,765	145,394	11,718,159	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,659,638	30,781,648	33,441,286	-2,362,554	31,078,732	5.00
7.00	00700	OPERATION OF PLANT	986,268	4,259,666	5,245,934	-1,436,258	3,809,676	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,926	421,670	507,596	1,864	509,460	8.00
9.00	00900	HOUSEKEEPING	865,165	247,591	1,112,756	33,495	1,146,251	9.00
10.00	01000	DIETARY	800,593	1,085,224	1,885,817	-697,867	1,187,950	10.00
11.00	01100	CAFETERIA	0	0	0	719,121	719,121	11.00
13.00	01300	NURSING ADMINISTRATION	1,457,626	59,723	1,517,349	45,293	1,562,642	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	538,537	26,538	565,075	17,158	582,233	14.00
15.00	01500	PHARMACY	1,387,744	3,120,783	4,508,527	-2,367,638	2,140,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,057	1,487	115,544	1,944	117,488	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,160,452	1,160,452	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	274	916,915	917,189	3	917,192	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	172,587	172,587	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,570,132	6,708,872	15,279,004	-1,375,809	13,903,195	30.00
31.00	03100	INTENSIVE CARE UNIT	2,343,885	1,367,212	3,711,097	52,184	3,763,281	31.00
41.00	04100	SUBPROVIDER - IRF	1,924,427	740,965	2,665,392	48,184	2,713,576	41.00
43.00	04300	NURSERY	287,710	29,842	317,552	283,528	601,080	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,815,136	4,188,003	6,003,139	-1,197,694	4,805,445	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	336,960	12,845	349,805	6,485	356,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	730	4,097	4,827	1,095,787	1,100,614	52.00
53.00	05300	ANESTHESIOLOGY	34,828	3,044,789	3,079,617	1,110	3,080,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	563,491	361,295	924,786	1,499,289	2,424,075	54.00
54.01	03630	ULTRA SOUND	281,010	23,369	304,379	55,024	359,403	54.01
54.02	03440	MAMMOGRAPHY	63,576	25,890	89,466	-19,201	70,265	54.02
56.00	05600	RADIOISOTOPE	94,564	63,445	158,009	17,963	175,972	56.00
57.00	05700	CT SCAN	372,185	105,118	477,303	-2,597	474,706	57.00
58.00	05800	MRI	109,995	26,518	136,513	28,372	164,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,282,334	5,750,916	7,033,250	-5,717,850	1,315,400	59.00
60.00	06000	LABORATORY	1,384,865	2,378,450	3,763,315	158,358	3,921,673	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	224,826	224,826	0	224,826	63.00
64.00	06400	INTRAVENOUS THERAPY	159,046	43,180	202,226	3,145	205,371	64.00
65.00	06500	RESPIRATORY THERAPY	910,495	351,240	1,261,735	19,481	1,281,216	65.00
66.00	06600	PHYSICAL THERAPY	506,334	387,262	893,596	44,501	938,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	250,870	42,766	293,636	50,052	343,688	67.00
68.00	06800	SPEECH PATHOLOGY	81,585	30,615	112,200	18,978	131,178	68.00
69.01	03140	CARDIOLOGY	540,679	36,980	577,659	10,841	588,500	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-145,295	-145,295	3,659,038	3,513,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,371,676	3,371,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,744	48,744	2,589,554	2,638,298	73.00
76.97	07697	CARDIAC REHABILITATION	281,330	10,762	292,092	6,659	298,751	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,824,123	1,294,809	4,118,932	95,411	4,214,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,890,663	1,945,890	5,836,553	-155,460	5,681,093	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,677,307	89,068,478	127,745,785	501,836	128,247,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,054	46,717	76,771	1,061	77,832	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	1,150,847	1,150,847	-517,762	633,085	192.02
192.03	19203	FOUNDATION	0	514,190	514,190	0	514,190	192.03
192.04	19204	OUTREACH PROGRAMS	163,281	191,047	354,328	14,865	369,193	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	38,870,642	90,971,279	129,841,921	0	129,841,921	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
2/25/2022 10:45 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	-916,049	3,935,044	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,599,554	5,511,883	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-76,900	11,641,259	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,676,601	17,402,131	5.00
7.00	00700	OPERATION OF PLANT	-18,795	3,790,881	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	509,460	8.00
9.00	00900	HOUSEKEEPING	-3,638	1,142,613	9.00
10.00	01000	DIETARY	-84	1,187,866	10.00
11.00	01100	CAFETERIA	-194,736	524,385	11.00
13.00	01300	NURSING ADMINISTRATION	1,303,048	2,865,690	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	582,233	14.00
15.00	01500	PHARMACY	0	2,140,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,087	102,401	16.00
17.00	01700	SOCIAL SERVICE	-114,200	1,046,252	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	917,192	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-10,059	162,528	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,743,090	9,160,105	30.00
31.00	03100	INTENSIVE CARE UNIT	-9,803	3,753,478	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,713,576	41.00
43.00	04300	NURSERY	0	601,080	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-25,410	4,780,035	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	356,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,100,614	52.00
53.00	05300	ANESTHESIOLOGY	-2,796,299	284,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-398,198	2,025,877	54.00
54.01	03630	ULTRA SOUND	0	359,403	54.01
54.02	03440	MAMMOGRAPHY	0	70,265	54.02
56.00	05600	RADIOISOTOPE	0	175,972	56.00
57.00	05700	CT SCAN	0	474,706	57.00
58.00	05800	MRI	0	164,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,315,400	59.00
60.00	06000	LABORATORY	-5,340	3,916,333	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	224,826	63.00
64.00	06400	INTRAVENOUS THERAPY	0	205,371	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,281,216	65.00
66.00	06600	PHYSICAL THERAPY	0	938,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	343,688	67.00
68.00	06800	SPEECH PATHOLOGY	0	131,178	68.00
69.01	03140	CARDIOLOGY	0	588,500	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,513,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,371,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-35,498	2,602,800	73.00
76.97	07697	CARDIAC REHABILITATION	-6,535	292,216	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-619,233	3,595,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-145,702	5,535,391	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,908,655	107,338,966	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,832	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	192.01
192.02	19202	REAL ESTATE	0	633,085	192.02
192.03	19203	FOUNDATION	0	514,190	192.03
192.04	19204	OUTREACH PROGRAMS	0	369,193	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,908,655	108,933,266	200.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

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	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	168,551		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	253,282		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
			0	421,833		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	305,291	413,830		1.00
			305,291	413,830		
	C - MOB EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	345,175		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	172,587		2.00
			0	517,762		
	D - RADIOLOGY ADMINISTRATION					
1.00	ULTRA SOUND	54.01	49,813	55		1.00
2.00	RADIOISOTOPE	56.00	16,394	18		2.00
3.00	CT SCAN	57.00	8,512	9		3.00
4.00	MRI	58.00	25,706	29		4.00
			100,425	111		
	E - ALTERNATIVE BIRTHING CTR					
1.00	NURSERY	43.00	238,463	39,090		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	941,452	154,327		2.00
			1,179,915	193,417		
	F - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,589,554		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	2,589,554		
	G - PCI/HTM SERVICE COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,579,264		1.00
2.00	LABORATORY	60.00	0	112,127		2.00
			0	1,691,391		
	H - SHORT TERM DISABILITY					
1.00	HOUSEKEEPING	9.00	0	7,427		1.00
2.00	DIETARY	10.00	0	3,056		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,055		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,457		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	25,651		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,103		6.00
7.00	SUBPROVIDER - IRF	41.00	0	209		7.00
8.00	NURSERY	43.00	0	62		8.00
9.00	OPERATING ROOM	50.00	0	401		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	12,101		10.00
11.00	CARDIAC REHABILITATION	76.97	0	1,855		11.00
12.00	EMERGENCY	91.00	0	1,105		12.00
13.00	AMBULANCE SERVICES	95.00	0	766		13.00
			0	62,248		
	J - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,371,676		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			0	3,371,676		
	K - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,659,038		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			0	3,659,038		
	L - MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,385,071		1.00
2.00	OPERATION OF PLANT	7.00	0	244,169		2.00
3.00	PHARMACY	15.00	0	171,938		3.00
4.00	SOCIAL SERVICE	17.00	0	1,160,452		4.00
5.00	PHYSICAL THERAPY	66.00	0	72,108		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	23,695		6.00
7.00	SPEECH PATHOLOGY	68.00	0	9,054		7.00
			0	3,066,487		
	M - MINISTRY - OSFMG REL PARTY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	189,052		1.00
	TOTALS		0	189,052		

RECLASSIFICATIONS

Provider CCN: 14-0113

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

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0 - OSFMG HOSP AND PALL				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,734	1.00
2.00	ADULTS & PEDIATRICS	30.00	68,485	0	2.00
	0		68,485	32,734	
	Q - REHAB ADMINISTRATION				
1.00	OCCUPATIONAL THERAPY	67.00	22,183	1,580	1.00
2.00	SPEECH PATHOLOGY	68.00	8,476	604	2.00
	TOTALS		30,659	2,184	
	R - WI OTHER				
1.00	ADMINISTRATIVE & GENERAL	5.00	344,470	0	1.00
2.00	OPERATION OF PLANT	7.00	10,964	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	1,864	0	3.00
4.00	HOUSEKEEPING	9.00	33,495	0	4.00
5.00	DIETARY	10.00	21,254	0	5.00
6.00	NURSING ADMINISTRATION	13.00	45,293	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	17,158	0	7.00
8.00	PHARMACY	15.00	14,351	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	1,944	0	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	222,764	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	52,184	0	12.00
13.00	SUBPROVIDER - IRF	41.00	48,184	0	13.00
14.00	NURSERY	43.00	5,975	0	14.00
15.00	OPERATING ROOM	50.00	60,132	0	15.00
16.00	RECOVERY ROOM	51.00	6,485	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	8	0	17.00
18.00	ANESTHESIOLOGY	53.00	1,110	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	20,561	0	19.00
20.00	ULTRA SOUND	54.01	5,156	0	20.00
21.00	MAMMOGRAPHY	54.02	657	0	21.00
22.00	RADIOISOTOPE	56.00	1,728	0	22.00
23.00	CT SCAN	57.00	8,874	0	23.00
24.00	MRI	58.00	2,637	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	47,183	0	25.00
26.00	LABORATORY	60.00	46,231	0	26.00
27.00	INTRAVENOUS THERAPY	64.00	3,145	0	27.00
28.00	RESPIRATORY THERAPY	65.00	19,481	0	28.00
29.00	PHYSICAL THERAPY	66.00	5,236	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	2,594	0	30.00
31.00	SPEECH PATHOLOGY	68.00	844	0	31.00
32.00	CARDIOLOGY	69.01	10,841	0	32.00
33.00	CARDIAC REHABILITATION	76.97	6,659	0	33.00
34.00	EMERGENCY	91.00	95,411	0	34.00
35.00	AMBULANCE SERVICES	95.00	91,609	0	35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,061	0	36.00
37.00	OUTREACH PROGRAMS	192.04	14,865	0	37.00
	0		1,272,411	0	
500.00	Grand Total: Increases		2,957,186	16,211,317	500.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 10:45 am

	Decreases						
	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		0.00	0	0	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	174,764	0		3.00
4.00	AMBULANCE SERVICES	95.00	0	247,069	0		4.00
	0		0	421,833			
	B - CAFETERIA						
1.00	DIETARY	10.00	305,291	413,830	0		1.00
	0		305,291	413,830			
	C - MOB EXPENSE						
1.00	REAL ESTATE	192.02	0	517,762	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	517,762			
	D - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	100,425	111	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		100,425	111			
	E - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	1,179,915	193,417	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,179,915	193,417			
	F - PHARMACY						
1.00	PHARMACY	15.00	0	2,553,927	0		1.00
2.00	RADIOISOTOPE	56.00	0	177	0		2.00
3.00	CT SCAN	57.00	0	19,992	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	15,458	0		4.00
	0		0	2,589,554			
	G - PCI/HTM SERVICE COST						
1.00	OPERATION OF PLANT	7.00	0	1,691,391	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,691,391			
	H - SHORT TERM DISABILITY						
1.00	HOUSEKEEPING	9.00	7,427	0	0		1.00
2.00	DIETARY	10.00	3,056	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	1,055	0	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	7,457	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	25,651	0	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	1,103	0	0		6.00
7.00	SUBPROVIDER - IRF	41.00	209	0	0		7.00
8.00	NURSERY	43.00	62	0	0		8.00
9.00	OPERATING ROOM	50.00	401	0	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	12,101	0	0		10.00
11.00	CARDIAC REHABILITATION	76.97	1,855	0	0		11.00
12.00	EMERGENCY	91.00	1,105	0	0		12.00
13.00	AMBULANCE SERVICES	95.00	766	0	0		13.00
	0		62,248	0			
	J - IMPLANT SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	3,455	0		1.00
2.00	OPERATING ROOM	50.00	0	717,654	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	2,650,567	0		3.00
	0		0	3,371,676			
	K - MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	540,172	0		1.00
2.00	MAMMOGRAPHY	54.02	0	19,858	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	3,099,008	0		3.00
	0		0	3,659,038			
	L - MINISTRY ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,066,487	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	3,066,487			
	M - MINISTRY - OSFMG REL PARTY						
1.00	ADULTS & PEDIATRICS	30.00	0	189,052	0		1.00
	TOTALS		0	189,052			
	O - OSFMG HOSP AND PALL						
1.00	ADULTS & PEDIATRICS	30.00	0	101,219	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	101,219			

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	Q - REHAB ADMINISTRATION							
1.00	PHYSICAL THERAPY	66.00	30,659	2,184	0	1.00		
2.00		0.00	0	0	0	2.00		
	TOTALS		30,659	2,184				
	R - WI OTHER							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	857,468	414,943	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
5.00		0.00	0	0	0	5.00		
6.00		0.00	0	0	0	6.00		
7.00		0.00	0	0	0	7.00		
8.00		0.00	0	0	0	8.00		
9.00		0.00	0	0	0	9.00		
10.00		0.00	0	0	0	10.00		
11.00		0.00	0	0	0	11.00		
12.00		0.00	0	0	0	12.00		
13.00		0.00	0	0	0	13.00		
14.00		0.00	0	0	0	14.00		
15.00		0.00	0	0	0	15.00		
16.00		0.00	0	0	0	16.00		
17.00		0.00	0	0	0	17.00		
18.00		0.00	0	0	0	18.00		
19.00		0.00	0	0	0	19.00		
20.00		0.00	0	0	0	20.00		
21.00		0.00	0	0	0	21.00		
22.00		0.00	0	0	0	22.00		
23.00		0.00	0	0	0	23.00		
24.00		0.00	0	0	0	24.00		
25.00		0.00	0	0	0	25.00		
26.00		0.00	0	0	0	26.00		
27.00		0.00	0	0	0	27.00		
28.00		0.00	0	0	0	28.00		
29.00		0.00	0	0	0	29.00		
30.00		0.00	0	0	0	30.00		
31.00		0.00	0	0	0	31.00		
32.00		0.00	0	0	0	32.00		
33.00		0.00	0	0	0	33.00		
34.00		0.00	0	0	0	34.00		
35.00		0.00	0	0	0	35.00		
36.00		0.00	0	0	0	36.00		
37.00		0.00	0	0	0	37.00		
	0		857,468	414,943				
500.00	Grand Total: Decreases		2,536,006	16,632,497		500.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 10:45 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,389,900	0	0	0	0	1.00
2.00	Land Improvements	1,647,000	35,116	0	35,116	0	2.00
3.00	Buildings and Fixtures	57,970,783	0	0	0	0	3.00
4.00	Building Improvements	183,500	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	23,248,666	613,792	0	613,792	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	99,439,849	648,908	0	648,908	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	99,439,849	648,908	0	648,908	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,389,900	0				1.00
2.00	Land Improvements	1,682,116	0				2.00
3.00	Buildings and Fixtures	57,970,783	0				3.00
4.00	Building Improvements	183,500	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	23,862,458	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	100,088,757	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	100,088,757	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 10:45 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	4,731,581	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,610,008	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,341,589	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	4,731,581				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,610,008				2.00
3.00	Total (sum of lines 1-2)	0	8,341,589				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 10:45 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	58,154,283	0	58,154,283	0.709054	119,512	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,862,458	0	23,862,458	0.290946	49,039	2.00
3.00	Total (sum of lines 1-2)	82,016,741	0	82,016,741	1.000000	168,551	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	119,512	3,815,532	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	49,039	5,209,562	0	2.00
3.00	Total (sum of lines 1-2)	0	0	168,551	9,025,094	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	119,512	0	0	3,935,044	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	302,321	0	0	5,511,883	2.00
3.00	Total (sum of lines 1-2)	0	421,833	0	0	9,446,927	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 10:45 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	-7,926,237			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	-4,210,461			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-194,736	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	-15,087	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	-114,340	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	12,621	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	280,340	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OCCUPATIONAL MEDICINE	A	-31,931	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 10:45 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	
34.00 RENT REVENUES - ADMIN	B	-20,118	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 RENT REVENUES - MEDICAL	B	-10,059	I&R SERVICES-OTHER PRGM	22.00	0	35.00
EDUCATION			COSTS APPRV			
36.00 OTHER REVENUES - ADMIN	B	-514	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 OTHER REVENUES - CARDIAC REHAB	B	-6,535	CARDIAC REHABILITATION	76.97	0	37.00
38.00 OTHER REVENUES - ED	B	-150,737	EMERGENCY	91.00	0	38.00
39.00 OTHER REVENUES - AMBULANCE	B	-145,702	AMBULANCE SERVICES	95.00	0	39.00
40.00 LOBBYING EXPENSES	A	-27,682	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 PROVIDER TAX	A	-7,791,327	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 OTHER OSFMG - SESSIONS	A	-12,082	ADULTS & PEDIATRICS	30.00	9	42.00
43.00 OTHER OSFMG - RECRUITMENT	A	-60	ADULTS & PEDIATRICS	30.00	9	43.00
43.01 OTHER REVENUES - NURSING ADMIN	B	-825	NURSING ADMINISTRATION	13.00	0	43.01
43.02 OTHER REVENUES - REVENUE	B	-27,844	ADMINISTRATIVE & GENERAL	5.00	0	43.02
CYCLE						
43.03 340B PHARMACY REVENUES	A	-48,744	DRUGS CHARGED TO PATIENTS	73.00	0	43.03
43.04 PART B BENEFITS	A	-1,155	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.04
43.05 OTHER REVENUES - DIETARY	A	-84	DIETARY	10.00	0	43.05
43.06 OTHER REVENUES - ENVIRO	A	-3,638	HOUSEKEEPING	9.00	0	43.06
43.07 APN/PA PART B SALARIES	A	-417,904	ADULTS & PEDIATRICS	30.00	0	43.07
43.08 APN/PA PART B BENEFITS	A	-43,814	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,908,655				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: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 10:45 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 CHG - BLDG	319,623	1,248,293	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,319,214	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G MA	8,569,876	12,655,676	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	1,385,071	1,385,071	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED ENGINE	244,169	244,169	3.02
3.03	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	644,233	635,497	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	MINISTRY - OSFMG OVERHEAD	189,052	189,052	3.04
3.05	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED PT	72,108	72,108	3.05
3.06	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED OT	23,695	23,695	3.06
3.07	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED ST	9,054	9,054	3.07
3.08	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - FUNCTIONAL -	4,510	0	3.08
3.09	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL -	1,303,873	0	3.09
4.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL -	2,482,269	4,091,245	4.00
4.01	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL -	1,046,252	1,160,452	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL -	954,375	954,375	4.02
4.03	31.00	INTENSIVE CARE UNIT	EICU	298,844	308,647	4.03
4.04	7.00	OPERATION OF PLANT	PCI / SFI - HTS ENGINEERING	325,453	341,727	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI - HTS IMAGING	1,504,054	1,579,264	4.05
4.06	60.00	LABORATORY	PCI / SFI - HTS LABORATORY	106,787	112,127	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	PCI / SFI CREDENTIALING	82,758	82,758	4.07
4.08	7.00	OPERATION OF PLANT	PCI BIOMED	4,419	6,940	4.08
4.09	0.00			0	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,889,689	25,100,150	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: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 10:45 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	-928,670	9		1.00
2.00	1,319,214	9		2.00
3.00	-4,085,800	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	8,736	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	4,510	0		3.08
3.09	1,303,873	0		3.09
4.00	-1,608,976	0		4.00
4.01	-114,200	0		4.01
4.02	0	0		4.02
4.03	-9,803	0		4.03
4.04	-16,274	0		4.04
4.05	-75,210	0		4.05
4.06	-5,340	0		4.06
4.07	0	0		4.07
4.08	-2,521	0		4.08
4.09	0	0		4.09
5.00	-4,210,461			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: 14-0113

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 10:45 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	4,313,044	4,313,044	0	211,500	0	1.00
2.00	50.00	OPERATING ROOM	25,410	25,410	0	246,400	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,796,299	2,796,299	0	239,400	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	322,988	322,988	0	271,900	0	4.00
5.00	91.00	EMERGENCY	468,496	468,496	0	211,500	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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			7,926,237	7,926,237	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,313,044		1.00
2.00	50.00	OPERATING ROOM	0	0	0	25,410		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	2,796,299		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	322,988		4.00
5.00	91.00	EMERGENCY	0	0	0	468,496		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	7,926,237		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,935,044	3,935,044			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,511,883		5,511,883		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,641,259	3,483	0	11,644,742	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,402,131	343,183	3,015,522	900,187	5.00
7.00	00700	OPERATION OF PLANT	3,790,881	974,953	2,053	298,823	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	509,460	9,767	0	26,306	8.00
9.00	00900	HOUSEKEEPING	1,142,613	55,420	1,831	267,059	9.00
10.00	01000	DIETARY	1,187,866	90,413	0	153,871	10.00
11.00	01100	CAFETERIA	524,385	56,163	0	91,481	11.00
13.00	01300	NURSING ADMINISTRATION	2,865,690	21,552	119,601	450,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	582,233	115,649	70,619	164,281	14.00
15.00	01500	PHARMACY	2,140,889	46,798	24,888	420,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,401	70,126	0	34,760	16.00
17.00	01700	SOCIAL SERVICE	1,046,252	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	917,192	0	0	83	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	162,528	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,160,105	563,199	93,332	2,168,860	30.00
31.00	03100	INTENSIVE CARE UNIT	3,753,478	80,998	79,451	717,656	31.00
41.00	04100	SUBPROVIDER - IRF	2,713,576	149,387	6,873	591,034	41.00
43.00	04300	NURSERY	601,080	38,496	1,247	159,441	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,780,035	356,504	618,838	561,808	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	356,290	26,340	12,526	102,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,100,614	252,559	73,696	282,329	52.00
53.00	05300	ANESTHESIOLOGY	284,428	7,860	66,288	10,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,025,877	91,247	64,329	144,920	54.00
54.01	03630	ULTRA SOUND	359,403	7,288	35,718	100,677	54.01
54.02	03440	MAMMOGRAPHY	70,265	39,239	4,372	19,248	54.02
56.00	05600	RADIOISOTOPE	175,972	14,525	1,348	33,767	56.00
57.00	05700	CT SCAN	474,706	10,620	1,662	116,736	57.00
58.00	05800	MRI	164,885	10,149	40,403	41,453	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,315,400	64,063	364,819	394,766	59.00
60.00	06000	LABORATORY	3,916,333	98,926	12,738	428,831	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	224,826	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	205,371	0	0	48,601	64.00
65.00	06500	RESPIRATORY THERAPY	1,281,216	15,378	32,442	278,669	65.00
66.00	06600	PHYSICAL THERAPY	938,097	36,037	0	144,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	343,688	23,369	0	82,598	67.00
68.00	06800	SPEECH PATHOLOGY	131,178	1,907	0	27,240	68.00
69.01	03140	CARDIOLOGY	588,500	18,199	77,052	165,264	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,513,743	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,371,676	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,602,800	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	292,216	31,731	0	85,741	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,595,110	116,814	85,764	874,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,535,391	0	604,471	1,193,066	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,338,966	3,842,342	5,511,883	11,582,036	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,832	13,230	0	9,324	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	633,085	0	0	0	192.02
192.03	19203	FOUNDATION	514,190	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	369,193	79,472	0	53,382	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	108,933,266	3,935,044	5,511,883	11,644,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 10:45 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	21,661,023					5.00
7.00	00700	OPERATION OF PLANT	1,257,562	6,324,272				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	135,402	23,636	704,571			8.00
9.00	00900	HOUSEKEEPING	364,092	134,113	0	1,965,128		9.00
10.00	01000	DIETARY	355,461	218,793	0	69,724	2,076,128	10.00
11.00	01100	CAFETERIA	166,798	135,911	0	43,312	0	11.00
13.00	01300	NURSING ADMINISTRATION	858,001	52,154	0	16,620	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	231,517	279,861	12,435	89,185	0	14.00
15.00	01500	PHARMACY	653,443	113,247	0	36,089	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,449	169,700	0	54,079	0	16.00
17.00	01700	SOCIAL SERVICE	259,681	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	227,669	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	40,340	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,974,777	1,362,895	219,175	434,324	936,192	30.00
31.00	03100	INTENSIVE CARE UNIT	1,149,564	196,007	0	62,463	172,650	31.00
41.00	04100	SUBPROVIDER - IRF	858,991	361,505	46,166	115,203	430,846	41.00
43.00	04300	NURSERY	198,626	93,158	3,576	29,687	66	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,567,932	862,710	112,384	274,926	3,738	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	123,621	63,741	0	20,313	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	424,225	611,172	68,084	194,766	16,507	52.00
53.00	05300	ANESTHESIOLOGY	91,672	19,020	30,466	6,061	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	577,408	220,809	10,881	70,367	0	54.00
54.01	03630	ULTRA SOUND	124,866	17,636	0	5,620	0	54.01
54.02	03440	MAMMOGRAPHY	33,042	94,955	1,865	30,260	0	54.02
56.00	05600	RADIOISOTOPE	55,997	35,150	0	11,201	0	56.00
57.00	05700	CT SCAN	149,845	25,700	13,322	8,190	0	57.00
58.00	05800	MRI	63,760	24,559	0	7,826	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	530,914	155,028	5,285	49,404	18,625	59.00
60.00	06000	LABORATORY	1,106,189	239,392	3,885	76,289	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55,802	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	63,036	0	14,611	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	399,034	37,214	0	11,859	0	65.00
66.00	06600	PHYSICAL THERAPY	277,548	87,206	10,259	27,791	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,605	56,550	0	18,021	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,793	4,615	0	1,471	0	68.00
69.01	03140	CARDIOLOGY	210,726	44,040	69,949	14,035	441,465	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	872,115	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	836,853	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	646,018	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	101,685	76,785	933	24,470	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,159,645	282,679	65,751	90,083	56,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,820,040	0	15,544	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,226,744	6,099,941	704,571	1,893,639	2,076,128	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,916	32,016	0	10,203	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	157,132	0	0	0	0	192.02
192.03	19203	FOUNDATION	127,622	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	124,609	192,315	0	61,286	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,661,023	6,324,272	704,571	1,965,128	2,076,128	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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2/25/2022 10:45 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	1,018,050					11.00
13.00	01300	NURSING ADMINISTRATION	43,202	4,426,857				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,353	0	1,572,133			14.00
15.00	01500	PHARMACY	28,081	0	5,885	3,469,461		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,912	44,991	0	0	534,418	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	54	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	214,285	1,402,685	102,488	29,792	50,741	30.00
31.00	03100	INTENSIVE CARE UNIT	60,050	392,031	46,510	17,430	11,118	31.00
41.00	04100	SUBPROVIDER - IRF	56,594	370,368	12,511	520	7,018	41.00
43.00	04300	NURSERY	15,985	104,035	4,128	15	3,497	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,218	354,556	0	7,060	62,262	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	9,072	0	1,743	941	2,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,753	207,635	235	0	4,910	52.00
53.00	05300	ANESTHESIOLOGY	2,160	0	30,518	20,498	22,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,257	93,043	1,740	27	6,073	54.00
54.01	03630	ULTRA SOUND	7,560	49,343	3,148	64	4,689	54.01
54.02	03440	MAMMOGRAPHY	1,944	12,315	0	57	1,163	54.02
56.00	05600	RADIOISOTOPE	2,592	17,183	1,009	1,264	2,715	56.00
57.00	05700	CT SCAN	11,232	73,640	13,437	0	28,523	57.00
58.00	05800	MRI	3,024	20,381	3,945	0	5,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,049	0	0	0	50,714	59.00
60.00	06000	LABORATORY	57,026	0	9,188	0	66,873	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	37	0	1,130	63.00
64.00	06400	INTRAVENOUS THERAPY	4,104	0	7,067	342	884	64.00
65.00	06500	RESPIRATORY THERAPY	26,353	0	39,980	104	20,202	65.00
66.00	06600	PHYSICAL THERAPY	13,609	0	1,029	0	7,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,424	0	266	0	4,804	67.00
68.00	06800	SPEECH PATHOLOGY	2,376	0	62	0	1,026	68.00
69.01	03140	CARDIOLOGY	14,689	95,426	2,798	2,466	14,597	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,203,227	0	20,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,204	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,349,190	49,406	73.00
76.97	07697	CARDIAC REHABILITATION	9,504	0	853	0	861	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	77,763	1,145,524	32,998	10,598	41,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	175,183	0	47,229	29,093	19,631	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,011,354	4,383,210	1,572,031	3,469,461	534,418	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,160	14,223	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,536	29,424	102	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,018,050	4,426,857	1,572,133	3,469,461	534,418	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
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	1,305,933					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,144,998				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		202,868			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	874,303	998,570	176,924	21,762,647	-1,175,494	30.00
31.00	03100	INTENSIVE CARE UNIT	113,613	0	0	6,853,019	0	31.00
41.00	04100	SUBPROVIDER - IRF	255,015	0	0	5,975,607	0	41.00
43.00	04300	NURSERY	63,002	0	0	1,316,039	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,765	844	9,622,580	-5,609	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	720,103	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,268,485	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	592,703	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,320,978	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	716,012	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	308,725	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	352,723	0	56.00
57.00	05700	CT SCAN	0	0	0	927,613	0	57.00
58.00	05800	MRI	0	0	0	385,937	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,982,067	0	59.00
60.00	06000	LABORATORY	0	0	0	6,015,670	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	281,795	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	344,016	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,142,451	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,542,739	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	649,325	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	209,668	0	68.00
69.01	03140	CARDIOLOGY	0	36,824	6,524	1,802,554	-43,348	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,609,626	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,229,733	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,647,414	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	624,779	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	36,390	6,448	7,677,781	-42,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	9,439,648	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,305,933	1,076,549	190,740	106,322,437	-1,267,289	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	183,904	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	68,449	12,128	80,577	-80,577	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	790,217	0	192.02
192.03	19203	FOUNDATION	0	0	0	641,812	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	914,319	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	1,305,933	1,144,998	202,868	108,933,266	-1,347,866	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description		Total	
		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	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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
192.01	19201	COVENANT OUTPATIENT PHARMACY	192.01
192.02	19202	REAL ESTATE	192.02
192.03	19203	FOUNDATION	192.03
192.04	19204	OUTREACH PROGRAMS	192.04
194.00	07950	INDUSTRIAL MEDICINE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:45 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	3,483	0	3,483	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	362,007	343,183	3,015,522	3,720,712	5.00
7.00	00700	OPERATION OF PLANT	16,814	974,953	2,053	993,820	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,767	0	9,767	8.00
9.00	00900	HOUSEKEEPING	0	55,420	1,831	57,251	9.00
10.00	01000	DIETARY	0	90,413	0	90,413	10.00
11.00	01100	CAFETERIA	0	56,163	0	56,163	11.00
13.00	01300	NURSING ADMINISTRATION	0	21,552	119,601	141,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,042	115,649	70,619	187,310	14.00
15.00	01500	PHARMACY	2,037	46,798	24,888	73,723	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,126	0	70,126	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	172,587	0	0	172,587	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,296	563,199	93,332	771,827	30.00
31.00	03100	INTENSIVE CARE UNIT	44,065	80,998	79,451	204,514	31.00
41.00	04100	SUBPROVIDER - IRF	60,874	149,387	6,873	217,134	41.00
43.00	04300	NURSERY	0	38,496	1,247	39,743	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	356,504	618,838	975,342	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	26,340	12,526	38,866	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	252,559	73,696	326,255	52.00
53.00	05300	ANESTHESIOLOGY	0	7,860	66,288	74,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	91,247	64,329	155,576	54.00
54.01	03630	ULTRA SOUND	0	7,288	35,718	43,006	54.01
54.02	03440	MAMMOGRAPHY	0	39,239	4,372	43,611	54.02
56.00	05600	RADIOISOTOPE	0	14,525	1,348	15,873	56.00
57.00	05700	CT SCAN	0	10,620	1,662	12,282	57.00
58.00	05800	MRI	0	10,149	40,403	50,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	64,063	364,819	428,882	59.00
60.00	06000	LABORATORY	0	98,926	12,738	111,664	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,378	32,442	47,820	65.00
66.00	06600	PHYSICAL THERAPY	0	36,037	0	36,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	193	23,369	0	23,562	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,907	0	1,907	68.00
69.01	03140	CARDIOLOGY	0	18,199	77,052	95,251	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	31,731	0	31,731	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,570	116,814	85,764	206,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	826,329	0	604,471	1,430,800	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,604,814	3,842,342	5,511,883	10,959,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,230	0	13,230	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	632,821	0	0	632,821	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	79,472	0	79,472	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,237,635	3,935,044	5,511,883	11,684,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:45 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	3,720,982					5.00
7.00	00700	OPERATION OF PLANT	216,024	1,209,934				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,259	4,522	37,556			8.00
9.00	00900	HOUSEKEEPING	62,544	25,658	0	145,533		9.00
10.00	01000	DIETARY	61,061	41,859	0	5,164	198,543	10.00
11.00	01100	CAFETERIA	28,653	26,002	0	3,208	0	11.00
13.00	01300	NURSING ADMINISTRATION	147,388	9,978	0	1,231	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,770	53,542	663	6,605	0	14.00
15.00	01500	PHARMACY	112,248	21,666	0	2,673	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,838	32,466	0	4,005	0	16.00
17.00	01700	SOCIAL SERVICE	44,608	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	39,109	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,930	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	511,058	260,743	11,681	32,162	89,530	30.00
31.00	03100	INTENSIVE CARE UNIT	197,472	37,499	0	4,626	16,511	31.00
41.00	04100	SUBPROVIDER - IRF	147,558	69,162	2,461	8,532	41,202	41.00
43.00	04300	NURSERY	34,120	17,823	191	2,199	6	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	269,339	165,050	5,990	20,360	357	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	21,236	12,195	0	1,504	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,873	116,927	3,629	14,424	1,579	52.00
53.00	05300	ANESTHESIOLOGY	15,747	3,639	1,624	449	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,187	42,244	580	5,211	0	54.00
54.01	03630	ULTRA SOUND	21,450	3,374	0	416	0	54.01
54.02	03440	MAMMOGRAPHY	5,676	18,166	99	2,241	0	54.02
56.00	05600	RADIOISOTOPE	9,619	6,725	0	830	0	56.00
57.00	05700	CT SCAN	25,740	4,917	710	607	0	57.00
58.00	05800	MRI	10,953	4,698	0	580	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	91,200	29,659	282	3,659	1,781	59.00
60.00	06000	LABORATORY	190,021	45,799	207	5,650	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,586	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,828	0	779	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,546	7,120	0	878	0	65.00
66.00	06600	PHYSICAL THERAPY	47,677	16,684	547	2,058	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,171	10,819	0	1,335	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,836	883	0	109	0	68.00
69.01	03140	CARDIOLOGY	36,199	8,426	3,729	1,039	42,218	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	149,812	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	143,755	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,973	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	17,467	14,690	50	1,812	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	199,204	54,081	3,505	6,671	5,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	312,647	0	829	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,646,382	1,167,016	37,556	140,238	198,543	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,280	6,125	0	756	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	26,992	0	0	0	0	192.02
192.03	19203	FOUNDATION	21,923	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	21,405	36,793	0	4,539	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,720,982	1,209,934	37,556	145,533	198,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:45 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	114,053					11.00
13.00	01300	NURSING ADMINISTRATION	4,840	304,725				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,952	0	290,891			14.00
15.00	01500	PHARMACY	3,146	0	1,089	214,671		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	774	3,097	0	0	119,316	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,006	96,553	18,963	1,843	11,335	30.00
31.00	03100	INTENSIVE CARE UNIT	6,728	26,986	8,606	1,078	2,484	31.00
41.00	04100	SUBPROVIDER - IRF	6,340	25,494	2,315	32	1,568	41.00
43.00	04300	NURSERY	1,791	7,161	764	1	781	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,074	24,406	0	437	13,909	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,016	0	323	58	581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,557	14,293	44	0	1,097	52.00
53.00	05300	ANESTHESIOLOGY	242	0	5,647	1,268	5,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,597	6,405	322	2	1,357	54.00
54.01	03630	ULTRA SOUND	847	3,397	583	4	1,047	54.01
54.02	03440	MAMMOGRAPHY	218	848	0	3	260	54.02
56.00	05600	RADIOISOTOPE	290	1,183	187	78	606	56.00
57.00	05700	CT SCAN	1,258	5,069	2,486	0	6,372	57.00
58.00	05800	MRI	339	1,403	730	0	1,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,703	0	0	0	11,329	59.00
60.00	06000	LABORATORY	6,389	0	1,700	0	14,871	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7	0	252	63.00
64.00	06400	INTRAVENOUS THERAPY	460	0	1,308	21	197	64.00
65.00	06500	RESPIRATORY THERAPY	2,952	0	7,397	6	4,513	65.00
66.00	06600	PHYSICAL THERAPY	1,525	0	190	0	1,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	944	0	49	0	1,073	67.00
68.00	06800	SPEECH PATHOLOGY	266	0	11	0	229	68.00
69.01	03140	CARDIOLOGY	1,646	6,569	518	153	3,261	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	222,630	0	4,589	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,737	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	207,231	11,037	73.00
76.97	07697	CARDIAC REHABILITATION	1,065	0	158	0	192	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,712	78,853	6,106	656	9,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,626	0	8,739	1,800	4,385	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,303	301,721	290,872	214,671	119,316	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	242	979	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	508	2,025	19	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	114,053	304,725	290,891	214,671	119,316	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
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	44,608					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	39,113				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		179,517			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,864			1,860,201	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,881			510,601	0	31.00
41.00	04100	SUBPROVIDER - IRF	8,711			530,687	0	41.00
43.00	04300	NURSERY	2,152			106,780	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0			1,481,433	0	50.00
50.01	05001	ENDOSCOPY	0			0	0	50.01
51.00	05100	RECOVERY ROOM	0			75,810	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			554,763	0	52.00
53.00	05300	ANESTHESIOLOGY	0			107,897	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			312,525	0	54.00
54.01	03630	ULTRA SOUND	0			74,154	0	54.01
54.02	03440	MAMMOGRAPHY	0			71,128	0	54.02
56.00	05600	RADIOISOTOPE	0			35,401	0	56.00
57.00	05700	CT SCAN	0			59,476	0	57.00
58.00	05800	MRI	0			70,507	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			570,614	0	59.00
60.00	06000	LABORATORY	0			376,430	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0			0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0			9,845	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0			13,608	0	64.00
65.00	06500	RESPIRATORY THERAPY	0			139,316	0	65.00
66.00	06600	PHYSICAL THERAPY	0			106,338	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			56,978	0	67.00
68.00	06800	SPEECH PATHOLOGY	0			10,249	0	68.00
69.01	03140	CARDIOLOGY	0			199,059	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			377,031	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			148,492	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			329,241	0	73.00
76.97	07697	CARDIAC REHABILITATION	0			67,191	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0			578,865	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0			1,779,184	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,608	0	0	10,613,804	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			25,615	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0			0	0	192.01
192.02	19202	REAL ESTATE	0			659,813	0	192.02
192.03	19203	FOUNDATION	0			21,923	0	192.03
192.04	19204	OUTREACH PROGRAMS	0			144,777	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0			0	0	194.00
200.00		Cross Foot Adjustments		39,113	179,517	218,630	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	44,608	39,113	179,517	11,684,562	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description		Total	
		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	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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
192.01	19201	COVENANT OUTPATIENT PHARMACY	192.01
192.02	19202	REAL ESTATE	192.02
192.03	19203	FOUNDATION	192.03
192.04	19204	OUTREACH PROGRAMS	192.04
194.00	07950	INDUSTRIAL MEDICINE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 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	392,010					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,212,503				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	347	0	38,860,857			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,188	2,304,639	3,004,108	-21,661,023	87,272,243	5.00
7.00	00700	OPERATION OF PLANT	97,125	1,569	997,232	0	5,066,710	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	973	0	87,790	0	545,533	8.00
9.00	00900	HOUSEKEEPING	5,521	1,399	891,232	0	1,466,923	9.00
10.00	01000	DIETARY	9,007	0	513,500	0	1,432,150	10.00
11.00	01100	CAFETERIA	5,595	0	305,291	0	672,029	11.00
13.00	01300	NURSING ADMINISTRATION	2,147	91,406	1,501,864	0	3,456,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,521	53,971	548,238	0	932,782	14.00
15.00	01500	PHARMACY	4,662	19,021	1,402,095	0	2,632,716	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,986	0	116,001	0	207,287	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,046,252	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	277	0	917,275	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	162,528	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,106	71,330	7,237,911	0	11,985,496	30.00
31.00	03100	INTENSIVE CARE UNIT	8,069	60,721	2,394,966	0	4,631,583	31.00
41.00	04100	SUBPROVIDER - IRF	14,882	5,253	1,972,402	0	3,460,870	41.00
43.00	04300	NURSERY	3,835	953	532,086	0	800,264	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,515	472,952	1,874,867	0	6,317,185	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,624	9,573	343,445	0	498,070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,160	56,323	942,190	0	1,709,198	52.00
53.00	05300	ANESTHESIOLOGY	783	50,661	35,938	0	369,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,090	49,164	483,627	0	2,326,373	54.00
54.01	03630	ULTRA SOUND	726	27,298	335,979	0	503,086	54.01
54.02	03440	MAMMOGRAPHY	3,909	3,341	64,233	0	133,124	54.02
56.00	05600	RADIOISOTOPE	1,447	1,030	112,686	0	225,612	56.00
57.00	05700	CT SCAN	1,058	1,270	389,571	0	603,724	57.00
58.00	05800	MRI	1,011	30,878	138,338	0	256,890	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,382	278,816	1,317,415	0	2,139,048	59.00
60.00	06000	LABORATORY	9,855	9,735	1,431,096	0	4,456,828	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	224,826	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	162,191	0	253,972	64.00
65.00	06500	RESPIRATORY THERAPY	1,532	24,794	929,976	0	1,607,705	65.00
66.00	06600	PHYSICAL THERAPY	3,590	0	480,911	0	1,118,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	0	275,647	0	449,655	67.00
68.00	06800	SPEECH PATHOLOGY	190	0	90,905	0	160,325	68.00
69.01	03140	CARDIOLOGY	1,813	58,888	551,520	0	849,015	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,513,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,371,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,602,800	73.00
76.97	07697	CARDIAC REHABILITATION	3,161	0	286,134	0	409,688	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,637	65,546	2,918,428	0	4,672,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	461,972	3,981,506	0	7,332,928	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	382,775	4,212,503	38,651,596	-21,661,023	85,522,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,318	0	31,115	0	100,386	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	633,085	192.02
192.03	19203	FOUNDATION	0	0	0	0	514,190	192.03
192.04	19204	OUTREACH PROGRAMS	7,917	0	178,146	0	502,047	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,935,044	5,511,883	11,644,742		21,661,023	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.038121	1.308458	0.299652		0.248201	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 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	
204.00		Cost to be allocated (per Wkst. B, Part II)			3,483		3,720,982	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000090		0.042636	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEAL S)	CAFETERIA (TOTAL EMPL FTE)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	260,350					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	973	452,996				8.00
9.00	00900	HOUSEKEEPING	5,521	0	253,856			9.00
10.00	01000	DIETARY	9,007	0	9,007	62,759		10.00
11.00	01100	CAFETERIA	5,595	0	5,595	0	4,713	11.00
13.00	01300	NURSING ADMINISTRATION	2,147	0	2,147	0	200	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,521	7,995	11,521	0	122	14.00
15.00	01500	PHARMACY	4,662	0	4,662	0	130	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,986	0	6,986	0	32	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,106	140,915	56,106	28,300	992	30.00
31.00	03100	INTENSIVE CARE UNIT	8,069	0	8,069	5,219	278	31.00
41.00	04100	SUBPROVIDER - IRF	14,882	29,682	14,882	13,024	262	41.00
43.00	04300	NURSERY	3,835	2,299	3,835	2	74	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,515	72,256	35,515	113	251	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,624	0	2,624	0	42	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,160	43,774	25,160	499	147	52.00
53.00	05300	ANESTHESIOLOGY	783	19,588	783	0	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,090	6,996	9,090	0	66	54.00
54.01	03630	ULTRA SOUND	726	0	726	0	35	54.01
54.02	03440	MAMMOGRAPHY	3,909	1,199	3,909	0	9	54.02
56.00	05600	RADIOISOTOPE	1,447	0	1,447	0	12	56.00
57.00	05700	CT SCAN	1,058	8,565	1,058	0	52	57.00
58.00	05800	MRI	1,011	0	1,011	0	14	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,382	3,398	6,382	563	153	59.00
60.00	06000	LABORATORY	9,855	2,498	9,855	0	264	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,394	0	0	19	64.00
65.00	06500	RESPIRATORY THERAPY	1,532	0	1,532	0	122	65.00
66.00	06600	PHYSICAL THERAPY	3,590	6,596	3,590	0	63	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	0	2,328	0	39	67.00
68.00	06800	SPEECH PATHOLOGY	190	0	190	0	11	68.00
69.01	03140	CARDIOLOGY	1,813	44,973	1,813	13,345	68	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	3,161	600	3,161	0	44	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,637	42,274	11,637	1,694	360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	9,994	0	0	811	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	251,115	452,996	244,621	62,759	4,682	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,318	0	1,318	0	10	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	7,917	0	7,917	0	21	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,324,272	704,571	1,965,128	2,076,128	1,018,050	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.291423	1.555358	7.741113	33.080960	216.008912	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,209,934	37,556	145,533	198,543	114,053	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEAL S)	CAFETERIA (TOTAL EMPL FTE)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	4.647336	0.082906	0.573290	3.163578	24.199661	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	652,062					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,191,049				14.00
15.00	01500	PHARMACY	0	34,407	2,701,675			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,627	0	0	470,062,387		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	21,288	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	206,611	599,168	23,199	44,627,464	14,252	30.00
31.00	03100	INTENSIVE CARE UNIT	57,745	271,910	13,573	9,778,272	1,852	31.00
41.00	04100	SUBPROVIDER - IRF	54,554	73,141	405	6,172,012	4,157	41.00
43.00	04300	NURSERY	15,324	24,131	12	3,075,670	1,027	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,225	0	5,498	54,759,734	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	10,191	733	2,288,126	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,584	1,375	0	4,318,417	0	52.00
53.00	05300	ANESTHESIOLOGY	0	178,415	15,962	20,196,237	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,705	10,173	21	5,341,439	0	54.00
54.01	03630	ULTRA SOUND	7,268	18,406	50	4,123,670	0	54.01
54.02	03440	MAMMOGRAPHY	1,814	0	44	1,022,488	0	54.02
56.00	05600	RADIOISOTOPE	2,531	5,898	984	2,387,723	0	56.00
57.00	05700	CT SCAN	10,847	78,557	0	25,086,626	0	57.00
58.00	05800	MRI	3,002	23,065	0	4,883,095	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,603,542	0	59.00
60.00	06000	LABORATORY	0	53,715	0	58,854,359	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	216	0	993,618	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	41,315	266	777,318	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	233,730	81	17,768,124	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,018	0	6,207,064	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,557	0	4,225,064	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	362	0	901,995	0	68.00
69.01	03140	CARDIOLOGY	14,056	16,360	1,920	12,838,434	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,034,330	0	18,066,339	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,648,724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,608,019	43,452,594	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	4,984	0	757,108	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	168,732	192,914	8,253	36,641,924	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	276,113	22,655	17,265,207	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	645,633	9,190,451	2,701,675	470,062,387	21,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,095	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,334	598	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,426,857	1,572,133	3,469,461	534,418	1,305,933	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.789012	0.171050	1.284189	0.001137	61.345970	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	304,725	290,891	214,671	119,316	44,608	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description		NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.467325	0.031649	0.079458	0.000254	2.095453	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21,144		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		21,144	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	18,440	18,440	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	88	88	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.01	03140	CARDIOLOGY	680	680	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	672	672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,880	19,880	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,264	1,264	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,144,998	202,868	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	54.152384	9.594589	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES	PRGM COSTS		
			APPRV	APPRV		
			(ASSIGNED	(ASSIGNED		
			TIME)	TIME)		
			21.00	22.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	39,113	179,517		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.849839	8.490210		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

Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:45 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	20,587,153		20,587,153	0	20,587,153
31.00	03100 INTENSIVE CARE UNIT	6,853,019		6,853,019	0	6,853,019
41.00	04100 SUBPROVIDER - IRF	5,975,607		5,975,607	0	5,975,607
43.00	04300 NURSERY	1,316,039		1,316,039	0	1,316,039
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	9,616,971		9,616,971	0	9,616,971
50.01	05001 ENDOSCOPY	0		0	0	0
51.00	05100 RECOVERY ROOM	720,103		720,103	0	720,103
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,268,485		3,268,485	0	3,268,485
53.00	05300 ANESTHESIOLOGY	592,703		592,703	0	592,703
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,320,978		3,320,978	0	3,320,978
54.01	03630 ULTRA SOUND	716,012		716,012	0	716,012
54.02	03440 MAMMOGRAPHY	308,725		308,725	0	308,725
56.00	05600 RADIOISOTOPE	352,723		352,723	0	352,723
57.00	05700 CT SCAN	927,613		927,613	0	927,613
58.00	05800 MRI	385,937		385,937	0	385,937
59.00	05900 CARDIAC CATHETERIZATION	2,982,067		2,982,067	0	2,982,067
60.00	06000 LABORATORY	6,015,670		6,015,670	0	6,015,670
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	281,795		281,795	0	281,795
64.00	06400 INTRAVENOUS THERAPY	344,016		344,016	0	344,016
65.00	06500 RESPIRATORY THERAPY	2,142,451	0	2,142,451	0	2,142,451
66.00	06600 PHYSICAL THERAPY	1,542,739	0	1,542,739	0	1,542,739
67.00	06700 OCCUPATIONAL THERAPY	649,325	0	649,325	0	649,325
68.00	06800 SPEECH PATHOLOGY	209,668	0	209,668	0	209,668
69.01	03140 RADIOLOGY	1,759,206		1,759,206	0	1,759,206
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,609,626		5,609,626	0	5,609,626
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,229,733		4,229,733	0	4,229,733
73.00	07300 DRUGS CHARGED TO PATIENTS	6,647,414		6,647,414	0	6,647,414
76.97	07697 CARDIAC REHABILITATION	624,779		624,779	0	624,779
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	7,634,943		7,634,943	0	7,634,943
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,916,221		2,916,221	0	2,916,221
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	9,439,648		9,439,648	0	9,439,648
	SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	107,971,369	0	107,971,369	0	107,971,369
201.00	Less Observation Beds	2,916,221		2,916,221	0	2,916,221
202.00	Total (see instructions)	105,055,148	0	105,055,148	0	105,055,148

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:45 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	40,343,993		40,343,993		30.00
31.00	03100	INTENSIVE CARE UNIT	9,778,272		9,778,272		31.00
41.00	04100	SUBPROVIDER - IRF	6,172,012		6,172,012		41.00
43.00	04300	NURSERY	3,075,670		3,075,670		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,889,175	35,870,559	54,759,734	0.175621	0.000000
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	822,650	1,465,476	2,288,126	0.314713	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,252,153	66,264	4,318,417	0.756871	0.000000
53.00	05300	ANESTHESIOLOGY	8,557,022	11,639,215	20,196,237	0.029347	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,218,577	3,122,862	5,341,439	0.621738	0.000000
54.01	03630	ULTRA SOUND	1,360,338	2,763,332	4,123,670	0.173635	0.000000
54.02	03440	MAMMOGRAPHY	961	1,021,527	1,022,488	0.301935	0.000000
56.00	05600	RADIOISOTOPE	621,281	1,766,442	2,387,723	0.147724	0.000000
57.00	05700	CT SCAN	7,577,328	17,509,298	25,086,626	0.036976	0.000000
58.00	05800	MRI	1,584,195	3,298,900	4,883,095	0.079035	0.000000
59.00	05900	CARDIAC CATHETERIZATION	18,305,352	26,298,190	44,603,542	0.066857	0.000000
60.00	06000	LABORATORY	24,254,331	34,600,028	58,854,359	0.102213	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	710,354	283,264	993,618	0.283605	0.000000
64.00	06400	INTRAVENOUS THERAPY	274,029	503,289	777,318	0.442568	0.000000
65.00	06500	RESPIRATORY THERAPY	16,439,672	1,328,452	17,768,124	0.120578	0.000000
66.00	06600	PHYSICAL THERAPY	4,342,171	1,864,893	6,207,064	0.248546	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,713,451	511,613	4,225,064	0.153684	0.000000
68.00	06800	SPEECH PATHOLOGY	797,107	104,888	901,995	0.232449	0.000000
69.01	03140	CARDIOLOGY	5,786,223	7,052,211	12,838,434	0.137027	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,859,245	10,207,094	18,066,339	0.310502	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,160,388	10,488,336	18,648,724	0.226811	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	28,684,286	14,768,308	43,452,594	0.152981	0.000000
76.97	07697	CARDIAC REHABILITATION	349,858	407,250	757,108	0.825218	0.000000
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,669,463	28,972,461	36,641,924	0.208366	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,259,665	3,023,806	4,283,471	0.680808	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	17,265,207	17,265,207	0.546744	0.000000
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	233,859,222	236,203,165	470,062,387		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	233,859,222	236,203,165	470,062,387		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:45 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.175621			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.314713			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756871			52.00
53.00	05300	ANESTHESIOLOGY	0.029347			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.621738			54.00
54.01	03630	ULTRA SOUND	0.173635			54.01
54.02	03440	MAMMOGRAPHY	0.301935			54.02
56.00	05600	RADIOISOTOPE	0.147724			56.00
57.00	05700	CT SCAN	0.036976			57.00
58.00	05800	MRI	0.079035			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066857			59.00
60.00	06000	LABORATORY	0.102213			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.283605			63.00
64.00	06400	INTRAVENOUS THERAPY	0.442568			64.00
65.00	06500	RESPIRATORY THERAPY	0.120578			65.00
66.00	06600	PHYSICAL THERAPY	0.248546			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.153684			67.00
68.00	06800	SPEECH PATHOLOGY	0.232449			68.00
69.01	03140	CARDIOLOGY	0.137027			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.310502			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226811			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.152981			73.00
76.97	07697	CARDIAC REHABILITATION	0.825218			76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.208366			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.680808			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.546744			95.00
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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:45 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	20,587,153		20,587,153	0	20,587,153
31.00	03100	INTENSIVE CARE UNIT	6,853,019		6,853,019	0	6,853,019
41.00	04100	SUBPROVIDER - IRF	5,975,607		5,975,607	0	5,975,607
43.00	04300	NURSERY	1,316,039		1,316,039	0	1,316,039
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,616,971		9,616,971	0	9,616,971
50.01	05001	ENDOSCOPY	0		0	0	0
51.00	05100	RECOVERY ROOM	720,103		720,103	0	720,103
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,268,485		3,268,485	0	3,268,485
53.00	05300	ANESTHESIOLOGY	592,703		592,703	0	592,703
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,320,978		3,320,978	0	3,320,978
54.01	03630	ULTRA SOUND	716,012		716,012	0	716,012
54.02	03440	MAMMOGRAPHY	308,725		308,725	0	308,725
56.00	05600	RADIOISOTOPE	352,723		352,723	0	352,723
57.00	05700	CT SCAN	927,613		927,613	0	927,613
58.00	05800	MRI	385,937		385,937	0	385,937
59.00	05900	CARDIAC CATHETERIZATION	2,982,067		2,982,067	0	2,982,067
60.00	06000	LABORATORY	6,015,670		6,015,670	0	6,015,670
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	281,795		281,795	0	281,795
64.00	06400	INTRAVENOUS THERAPY	344,016		344,016	0	344,016
65.00	06500	RESPIRATORY THERAPY	2,142,451	0	2,142,451	0	2,142,451
66.00	06600	PHYSICAL THERAPY	1,542,739	0	1,542,739	0	1,542,739
67.00	06700	OCCUPATIONAL THERAPY	649,325	0	649,325	0	649,325
68.00	06800	SPEECH PATHOLOGY	209,668	0	209,668	0	209,668
69.01	03140	CARDIOLOGY	1,759,206		1,759,206	0	1,759,206
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,609,626		5,609,626	0	5,609,626
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,229,733		4,229,733	0	4,229,733
73.00	07300	DRUGS CHARGED TO PATIENTS	6,647,414		6,647,414	0	6,647,414
76.97	07697	CARDIAC REHABILITATION	624,779		624,779	0	624,779
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,634,943		7,634,943	0	7,634,943
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,916,221		2,916,221	0	2,916,221
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9,439,648		9,439,648	0	9,439,648
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	107,971,369	0	107,971,369	0	107,971,369
201.00		Less Observation Beds	2,916,221		2,916,221		2,916,221
202.00		Total (see instructions)	105,055,148	0	105,055,148	0	105,055,148

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0113		Period: From 10/01/2020 To 09/30/2021		Worksheet C Part I Date/Time Prepared: 2/25/2022 10:45 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				
				9.00				10.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	40,343,993		40,343,993				30.00	
31.00	03100	INTENSIVE CARE UNIT	9,778,272		9,778,272				31.00	
41.00	04100	SUBPROVIDER - IRF	6,172,012		6,172,012				41.00	
43.00	04300	NURSERY	3,075,670		3,075,670				43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	18,889,175	35,870,559	54,759,734	0.175621	0.000000	50.00		
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01		
51.00	05100	RECOVERY ROOM	822,650	1,465,476	2,288,126	0.314713	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,252,153	66,264	4,318,417	0.756871	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	8,557,022	11,639,215	20,196,237	0.029347	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,218,577	3,122,862	5,341,439	0.621738	0.000000	54.00		
54.01	03630	ULTRA SOUND	1,360,338	2,763,332	4,123,670	0.173635	0.000000	54.01		
54.02	03440	MAMMOGRAPHY	961	1,021,527	1,022,488	0.301935	0.000000	54.02		
56.00	05600	RADIOISOTOPE	621,281	1,766,442	2,387,723	0.147724	0.000000	56.00		
57.00	05700	CT SCAN	7,577,328	17,509,298	25,086,626	0.036976	0.000000	57.00		
58.00	05800	MRI	1,584,195	3,298,900	4,883,095	0.079035	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	18,305,352	26,298,190	44,603,542	0.066857	0.000000	59.00		
60.00	06000	LABORATORY	24,254,331	34,600,028	58,854,359	0.102213	0.000000	60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	710,354	283,264	993,618	0.283605	0.000000	63.00		
64.00	06400	INTRAVENOUS THERAPY	274,029	503,289	777,318	0.442568	0.000000	64.00		
65.00	06500	RESPIRATORY THERAPY	16,439,672	1,328,452	17,768,124	0.120578	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	4,342,171	1,864,893	6,207,064	0.248546	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	3,713,451	511,613	4,225,064	0.153684	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	797,107	104,888	901,995	0.232449	0.000000	68.00		
69.01	03140	CARDIOLOGY	5,786,223	7,052,211	12,838,434	0.137027	0.000000	69.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,859,245	10,207,094	18,066,339	0.310502	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,160,388	10,488,336	18,648,724	0.226811	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	28,684,286	14,768,308	43,452,594	0.152981	0.000000	73.00		
76.97	07697	CARDIAC REHABILITATION	349,858	407,250	757,108	0.825218	0.000000	76.97		
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	7,669,463	28,972,461	36,641,924	0.208366	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,259,665	3,023,806	4,283,471	0.680808	0.000000	92.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	17,265,207	17,265,207	0.546744	0.000000	95.00		
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	233,859,222	236,203,165	470,062,387			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	233,859,222	236,203,165	470,062,387			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:45 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 10:45 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	1,860,201	0	1,860,201	16,604	112.03	30.00
31.00	INTENSIVE CARE UNIT	510,601		510,601	1,852	275.70	31.00
41.00	SUBPROVIDER - IRF	530,687	0	530,687	4,157	127.66	41.00
43.00	NURSERY	106,780		106,780	1,027	103.97	43.00
200.00	Total (lines 30 through 199)	3,008,269		3,008,269	23,640		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	4,054	454,170				30.00
31.00	INTENSIVE CARE UNIT	626	172,588				31.00
41.00	SUBPROVIDER - IRF	1,836	234,384				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,516	861,142				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/25/2022 10:45 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	1,481,433	54,759,734	0.027053	5,774,518	156,218	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	75,810	2,288,126	0.033132	251,426	8,330	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	554,763	4,318,417	0.128464	0	0	52.00
53.00	05300	ANESTHESIOLOGY	107,897	20,196,237	0.005342	2,555,356	13,651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,525	5,341,439	0.058510	790,533	46,254	54.00
54.01	03630	ULTRA SOUND	74,154	4,123,670	0.017983	422,674	7,601	54.01
54.02	03440	MAMMOGRAPHY	71,128	1,022,488	0.069564	961	67	54.02
56.00	05600	RADIOISOTOPE	35,401	2,387,723	0.014826	205,163	3,042	56.00
57.00	05700	CT SCAN	59,476	25,086,626	0.002371	2,560,513	6,071	57.00
58.00	05800	MRI	70,507	4,883,095	0.014439	538,309	7,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	570,614	44,603,542	0.012793	5,775,667	73,888	59.00
60.00	06000	LABORATORY	376,430	58,854,359	0.006396	7,733,096	49,461	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,845	993,618	0.009908	268,231	2,658	63.00
64.00	06400	INTRAVENOUS THERAPY	13,608	777,318	0.017506	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	139,316	17,768,124	0.007841	4,410,379	34,582	65.00
66.00	06600	PHYSICAL THERAPY	106,338	6,207,064	0.017132	493,043	8,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	56,978	4,225,064	0.013486	337,263	4,548	67.00
68.00	06800	SPEECH PATHOLOGY	10,249	901,995	0.011363	116,140	1,320	68.00
69.01	03140	CARDIOLOGY	199,059	12,838,434	0.015505	2,009,414	31,156	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	377,031	18,066,339	0.020869	2,595,995	54,176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,492	18,648,724	0.007963	2,626,151	20,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	329,241	43,452,594	0.007577	8,117,336	61,505	73.00
76.97	07697	CARDIAC REHABILITATION	67,191	757,108	0.088747	86,362	7,664	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	578,865	36,641,924	0.015798	3,195,465	50,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	263,501	4,283,471	0.061516	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,089,852	393,427,233		50,863,995	649,806	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part III
Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
				1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	16,604	0.00	4,054	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,852	0.00	626	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,157	0.00	1,836	41.00		
43.00	04300	NURSERY		0	1,027	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	23,640		6,516	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
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 10:45 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
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 14-0113

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

Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 10:45 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	54,759,734	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,288,126	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,318,417	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,196,237	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,341,439	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	4,123,670	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	1,022,488	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	2,387,723	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	25,086,626	0.000000	57.00
58.00	05800	MRI	0	0	0	4,883,095	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,603,542	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	58,854,359	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	993,618	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	777,318	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,768,124	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,207,064	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,225,064	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	901,995	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	12,838,434	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,066,339	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,648,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,452,594	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	757,108	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	36,641,924	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,283,471	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	393,427,233		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 10:45 am

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,774,518	0	6,760,362	0	50.00	
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	251,426	0	231,718	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,555,356	0	2,521,377	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	790,533	0	504,272	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	422,674	0	420,620	0	54.01	
54.02	03440	MAMMOGRAPHY	0.000000	961	0	41,839	0	54.02	
56.00	05600	RADIOISOTOPE	0.000000	205,163	0	465,760	0	56.00	
57.00	05700	CT SCAN	0.000000	2,560,513	0	2,743,231	0	57.00	
58.00	05800	MRI	0.000000	538,309	0	374,004	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,775,667	0	7,772,727	0	59.00	
60.00	06000	LABORATORY	0.000000	7,733,096	0	6,190,329	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	268,231	0	123,765	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	209,723	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	4,410,379	0	210,850	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	493,043	0	3,814	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	337,263	0	1,800	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	116,140	0	3,968	0	68.00	
69.01	03140	CARDIOLOGY	0.000000	2,009,414	0	1,353,906	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,595,995	0	2,866,672	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,626,151	0	3,323,723	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,117,336	0	3,209,534	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	86,362	0	129,215	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	3,195,465	0	3,675,167	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	352,121	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		50,863,995	0	43,490,497	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST					Provider CCN:14-0113		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/25/2022 10:45 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.175621	6,760,362	0	0	1,187,262	50.00		
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01		
51.00	05100	RECOVERY ROOM	0.314713	231,718	0	0	72,925	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756871	0	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.029347	2,521,377	0	0	73,995	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.621738	504,272	0	0	313,525	54.00		
54.01	03630	ULTRA SOUND	0.173635	420,620	0	0	73,034	54.01		
54.02	03440	MAMMOGRAPHY	0.301935	41,839	0	0	12,633	54.02		
56.00	05600	RADIOISOTOPE	0.147724	465,760	0	0	68,804	56.00		
57.00	05700	CT SCAN	0.036976	2,743,231	0	0	101,434	57.00		
58.00	05800	MRI	0.079035	374,004	0	0	29,559	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.066857	7,772,727	0	0	519,661	59.00		
60.00	06000	LABORATORY	0.102213	6,190,329	1,875	0	632,732	60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.283605	123,765	0	0	35,100	63.00		
64.00	06400	INTRAVENOUS THERAPY	0.442568	209,723	0	0	92,817	64.00		
65.00	06500	RESPIRATORY THERAPY	0.120578	210,850	0	0	25,424	65.00		
66.00	06600	PHYSICAL THERAPY	0.248546	3,814	0	0	948	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.153684	1,800	0	0	277	67.00		
68.00	06800	SPEECH PATHOLOGY	0.232449	3,968	0	0	922	68.00		
69.01	03140	CARDIOLOGY	0.137027	1,353,906	0	0	185,522	69.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.310502	2,866,672	0	0	890,107	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226811	3,323,723	0	0	753,857	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.152981	3,209,534	0	21,798	490,998	73.00		
76.97	07697	CARDIAC REHABILITATION	0.825218	129,215	0	0	106,631	76.97		
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0.208366	3,675,167	0	0	765,780	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.680808	352,121	0	0	239,727	92.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0.546744		0			95.00		
200.00		Subtotal (see instructions)		43,490,497	1,875	21,798	6,673,674	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00		
202.00		Net Charges (line 200 - line 201)		43,490,497	1,875	21,798	6,673,674	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 10:45 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	192	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	03140	CARDIOLOGY	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,335		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	192	3,335		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	192	3,335		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 2/25/2022 10:45 am	
					Component CCN: 14-T113			
					Title XVIII		Subprovider - IRF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,481,433	54,759,734	0.027053	27,171	735	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	75,810	2,288,126	0.033132	2,143	71	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	554,763	4,318,417	0.128464	0	0	52.00
53.00	05300	ANESTHESIOLOGY	107,897	20,196,237	0.005342	4,187	22	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,525	5,341,439	0.058510	57,207	3,347	54.00
54.01	03630	ULTRA SOUND	74,154	4,123,670	0.017983	0	0	54.01
54.02	03440	MAMMOGRAPHY	71,128	1,022,488	0.069564	0	0	54.02
56.00	05600	RADIOISOTOPE	35,401	2,387,723	0.014826	0	0	56.00
57.00	05700	CT SCAN	59,476	25,086,626	0.002371	96,914	230	57.00
58.00	05800	MRI	70,507	4,883,095	0.014439	12,447	180	58.00
59.00	05900	CARDIAC CATHETERIZATION	570,614	44,603,542	0.012793	0	0	59.00
60.00	06000	LABORATORY	376,430	58,854,359	0.006396	859,530	5,498	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,845	993,618	0.009908	35,389	351	63.00
64.00	06400	INTRAVENOUS THERAPY	13,608	777,318	0.017506	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	139,316	17,768,124	0.007841	438,279	3,437	65.00
66.00	06600	PHYSICAL THERAPY	106,338	6,207,064	0.017132	1,460,325	25,018	66.00
67.00	06700	OCCUPATIONAL THERAPY	56,978	4,225,064	0.013486	1,339,478	18,064	67.00
68.00	06800	SPEECH PATHOLOGY	10,249	901,995	0.011363	202,763	2,304	68.00
69.01	03140	CARDIOLOGY	199,059	12,838,434	0.015505	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	377,031	18,066,339	0.020869	976	20	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,492	18,648,724	0.007963	2,308	18	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	329,241	43,452,594	0.007577	1,001,147	7,586	73.00
76.97	07697	CARDIAC REHABILITATION	67,191	757,108	0.088747	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	578,865	36,641,924	0.015798	217	3	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,283,471	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,826,351	393,427,233		5,540,481	66,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:45 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0113 Component CCN: 14-T113		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:45 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	54,759,734	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,288,126	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,318,417	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,196,237	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,341,439	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	4,123,670	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	1,022,488	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	2,387,723	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	25,086,626	0.000000	57.00
58.00	05800	MRI	0	0	0	4,883,095	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,603,542	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	58,854,359	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	993,618	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	777,318	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,768,124	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,207,064	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,225,064	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	901,995	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	12,838,434	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,066,339	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,648,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,452,594	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	757,108	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	36,641,924	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,283,471	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	393,427,233		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:45 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		27,171	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000000		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000		2,143	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		4,187	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		57,207	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000		0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000		0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		96,914	0	0	0	57.00
58.00	05800	MRI	0.000000		12,447	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		859,530	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		35,389	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		438,279	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,460,325	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,339,478	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		202,763	0	0	0	68.00
69.01	03140	CARDIOLOGY	0.000000		0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		976	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		2,308	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		1,001,147	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		217	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			5,540,481	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:45 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)		16,604	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,604	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)		14,252	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)		4,054	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)		20,587,153	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		20,587,153	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,587,153	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,239.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,026,514	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,026,514	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0113

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

Worksheet D-1

Date/Time Prepared:

2/25/2022 10:45 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,853,019	1,852	3,700.33	626	2,316,407	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)					7,542,705	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,885,626	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)					626,758	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					649,806	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,276,564	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,609,062	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,352	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,239.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,916,221	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0113

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 10:45 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	1,860,201	20,587,153	0.090357	2,916,221	263,501 90.00
91.00	Nursing Program cost	0	20,587,153	0.000000	2,916,221	0 91.00
92.00	Allied health cost	0	20,587,153	0.000000	2,916,221	0 92.00
93.00	All other Medical Education	0	20,587,153	0.000000	2,916,221	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:45 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,157	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,157	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)		4,157	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,836	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)		5,975,607	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)		5,975,607	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)		5,975,607	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)		1,437.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,639,213	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,639,213	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:45 am
			Title XVIII	Subprovider - IRF	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	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					966,415
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,605,628
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					234,384
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					66,884
52.00 Total Program excludable cost (sum of lines 50 and 51)					301,268
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,304,360
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:45 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	530,687	5,975,607	0.088809	0	0 90.00
91.00	Nursing Program cost	0	5,975,607	0.000000	0	0 91.00
92.00	Allied health cost	0	5,975,607	0.000000	0	0 92.00
93.00	All other Medical Education	0	5,975,607	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 10:45 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		9,857,337	30.00
31.00	03100	INTENSIVE CARE UNIT		2,745,038	31.00
41.00	04100	SUBPROVIDER - IRF		985,648	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175621	5,774,518	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.314713	251,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756871	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029347	2,555,356	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.621738	790,533	54.00
54.01	03630	ULTRA SOUND	0.173635	422,674	54.01
54.02	03440	MAMMOGRAPHY	0.301935	961	54.02
56.00	05600	RADIOISOTOPE	0.147724	205,163	56.00
57.00	05700	CT SCAN	0.036976	2,560,513	57.00
58.00	05800	MRI	0.079035	538,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066857	5,775,667	59.00
60.00	06000	LABORATORY	0.102213	7,733,096	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.283605	268,231	63.00
64.00	06400	INTRAVENOUS THERAPY	0.442568	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.120578	4,410,379	65.00
66.00	06600	PHYSICAL THERAPY	0.248546	493,043	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.153684	337,263	67.00
68.00	06800	SPEECH PATHOLOGY	0.232449	116,140	68.00
69.01	03140	CARDIOLOGY	0.137027	2,009,414	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.310502	2,595,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226811	2,626,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.152981	8,117,336	73.00
76.97	07697	CARDIAC REHABILITATION	0.825218	86,362	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.208366	3,195,465	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.680808	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		50,863,995	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)		50,863,995	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 10:45 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF		2,671,904		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.175621	27,171	4,772	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.314713	2,143	674	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.756871	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029347	4,187	123	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.621738	57,207	35,568	54.00
54.01	03630 ULTRA SOUND	0.173635	0	0	54.01
54.02	03440 MAMMOGRAPHY	0.301935	0	0	54.02
56.00	05600 RADIOISOTOPE	0.147724	0	0	56.00
57.00	05700 CT SCAN	0.036976	96,914	3,583	57.00
58.00	05800 MRI	0.079035	12,447	984	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066857	0	0	59.00
60.00	06000 LABORATORY	0.102213	859,530	87,855	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.283605	35,389	10,036	63.00
64.00	06400 INTRAVENOUS THERAPY	0.442568	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.120578	438,279	52,847	65.00
66.00	06600 PHYSICAL THERAPY	0.248546	1,460,325	362,958	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.153684	1,339,478	205,856	67.00
68.00	06800 SPEECH PATHOLOGY	0.232449	202,763	47,132	68.00
69.01	03140 CARDIOLOGY	0.137027	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.310502	976	303	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.226811	2,308	523	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.152981	1,001,147	153,156	73.00
76.97	07697 CARDIAC REHABILITATION	0.825218	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.208366	217	45	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.680808	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,540,481	966,415	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)		5,540,481		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 10:45 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)		10,608,610	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)		337,414	2.04
3.00	Managed Care Simulated Payments		7,286,196	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		172.56	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)		12.47	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)		0.09	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).		-4.39	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)		7.99	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.12	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)		6.12	12.00
13.00	Total allowable FTE count for the prior year.		7.55	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.		8.29	14.00
15.00	Sum of lines 12 through 14 divided by 3.		7.32	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		7.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.042420	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.043753	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.042420	21.00
22.00	IME payment adjustment (see instructions)		243,011	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		166,905	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).		1.19	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.87	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		243,011	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		166,905	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.38	31.00
32.00	Sum of lines 30 and 31		32.23	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.80	33.00
34.00	Disproportionate share adjustment (see instructions)		419,040	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 10:45 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	0.000191617		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,588,510	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,588,510	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,588,510		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)		13,196,585		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)			13,363,490	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			904,227	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).			339,899	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			167,751	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			14,775,367	59.00
60.00	Primary payer payments			8,626	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			14,766,741	61.00
62.00	Deductibles billed to program beneficiaries			1,006,972	62.00
63.00	Coinsurance billed to program beneficiaries			13,813	63.00
64.00	Allowable bad debts (see instructions)			218,328	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			141,913	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			218,737	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,887,869	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-51,333	70.93
70.94	HRR adjustment amount (see instructions)			-192,897	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 10:45 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		141,912	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,501,727	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		12,720,384	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)		781,343	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		1,379,266	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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 10:45 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,608,610	0	0	10,608,610	10,608,610
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	337,414	0	0	337,414	337,414
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	7,286,196	0	0	7,286,196	7,286,196
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.042420	0.042420	0.042420	0.042420	0.042420
6.00	IME payment adjustment (see instructions)	22.00	243,011	0	0	243,011	243,011
6.01	IME payment adjustment for managed care (see instructions)	22.01	166,905	0	0	166,905	166,905
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	243,011	0	0	243,011	243,011
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	166,905	0	0	166,905	166,905
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1580	0.1580	0.1580	0.1580	0.1580
11.00	Disproportionate share adjustment (see instructions)	34.00	419,040	0	0	419,040	419,040
11.01	Uncompensated care payments	36.00	1,588,510	0	0	1,588,510	1,588,510
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	13,196,585	0	0	13,196,585	13,196,585
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,363,490	0	0	13,363,490	13,363,490
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	904,227	0	0	904,227	904,227

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 10:45 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	167,751	0	0	167,751	167,751	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	14,435,468	14,435,468	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	806,336	0	0	806,336	806,336	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	59,671	0	0	59,671	59,671	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	0.0474	0.0474	0.0474	0.0474		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	38,220	0	0	38,220	38,220	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	904,227	0	0	904,227	904,227	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 10:45 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	10,608,610		10,608,610	10,608,610	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	337,414		337,414	337,414	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,286,196	0	7,286,196	7,286,196	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.042420	0.042420	0.042420		5.00
6.00	IME payment adjustment (see instructions)	22.00	243,011	0	243,011	243,011	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	166,905	0	166,905	166,905	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	243,011	0	243,011	243,011	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	166,905	0	166,905	166,905	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1580	0.1580	0.1580		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	419,040	0	419,040	419,040	11.00
11.01	Uncompensated care payments	36.00	1,588,510	0	1,588,510	1,588,510	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	13,196,585	0	13,196,585	13,196,585	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	13,363,490	0	13,363,490	13,363,490	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	904,227	0	904,227	904,227	16.00
17.00	Special add-on payments for new technologies	54.00	167,751	0	167,751	167,751	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	14,435,468	14,435,468	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 10:45 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	806,336	0	806,336	806,336	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	59,671	0	59,671	59,671	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	0.0474	0.0474	0.0474		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	38,220	0	38,220	38,220	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	904,227	0	904,227	904,227	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-51,333	0	-51,333	-51,333	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	-192,897	0	-192,897	-192,897	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	141,912	141,912	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 10:45 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,527	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,673,674	2.00
3.00	OPPS payments		5,449,427	3.00
4.00	Outlier payment (see instructions)		32,626	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)		3,527	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		23,673	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)		23,673	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)		23,673	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		20,146	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)		3,527	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)		5,482,053	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)		875,361	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)		4,610,219	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		122,795	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)		4,733,014	30.00
31.00	Primary payer payments		3	31.00
32.00	Subtotal (line 30 minus line 31)		4,733,011	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)		96,586	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		62,781	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		96,904	36.00
37.00	Subtotal (see instructions)		4,795,792	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)		4,795,792	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		4,814,183	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)		-18,391	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		267,586	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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 10:45 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		12,720,384		4,814,183	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)		12,720,384		4,814,183	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		781,343		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		18,391	6.02	
7.00	Total Medicare program liability (see instructions)		13,501,727		4,795,792	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: 14-0113

Period:

Worksheet E-1

Component CCN: 14-T113

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/25/2022 10:45 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				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		3,283,424		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)		3,283,424		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		29,147		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,312,571		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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/25/2022 10:45 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: 14-0113 Component CCN: 14-T113	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part III Date/Time Prepared: 2/25/2022 10:45 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,977,780 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0228 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			156,929 3.00
4.00	Outlier Payments			201,673 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.389041 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,336,382 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,336,382 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,336,382 19.00
20.00	Deductibles			10,084 20.00
21.00	Subtotal (line 19 minus line 20)			3,326,298 21.00
22.00	Coinsurance			13,727 22.00
23.00	Subtotal (line 21 minus line 22)			3,312,571 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,312,571 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,312,571 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,283,424 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			29,147 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			201,673 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113		Period: From 10/01/2020 To 09/30/2021		Worksheet E-4 Date/Time Prepared: 2/25/2022 10:45 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					-3.67	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					5.03	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					6.12	6.00
7.00	Enter the lesser of line 5 or line 6					5.03	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	3.22		2.90		6.12	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	2.65		2.38		5.03	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00			10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00			10.01
11.00	Total weighted FTE count	2.65		2.38			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.23		2.32			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.85		2.44			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	4.58		2.38			14.00
15.00	Adjustment for residents in initial years of new programs	0.00		0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00			16.01
17.00	Adjusted rolling average FTE count	4.58		2.38			17.00
18.00	Per resident amount	111,223.17		105,318.54			18.00
19.00	Approved amount for resident costs	509,402		250,658		760,060	19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					1.99	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					1.09	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					1.09	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					106,118.75	23.00
24.00	Multiply line 22 time line 23					115,669	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					875,729	25.00
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	6,516		1,068		3,400	26.00
27.00	Total Inpatient Days (see instructions)	20,445		20,445		20,445	27.00
28.00	Ratio of inpatient days to total inpatient days	0.318709		0.052238		0.166300	28.00
29.00	Program direct GME amount	279,103		45,746		145,634	29.00
29.01	Percent reduction for MA DGME			4.07		4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage			1,862		5,927	30.00
31.00	Net Program direct GME amount					462,694	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 10:45 am	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			18,491,254	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			8,626	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			18,482,628	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			6,677,201	42.00
43.00	Primary payer payments (see instructions)			3	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			6,677,198	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			25,159,826	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.734609	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.265391	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			462,694	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			339,899	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			122,795	50.00

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

Provider CCN: 14-0113

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

Worksheet G

Date/Time Prepared:
2/25/2022 10:45 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	6,420	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	66,680,572	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-50,307,998	0	0	0	6.00
7.00	Inventory	3,268,007	0	0	0	7.00
8.00	Prepaid expenses	349,336	0	0	0	8.00
9.00	Other current assets	2,236,196	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)	22,232,533	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,389,900	0	0	0	12.00
13.00	Land improvements	923,729	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	60,895,826	0	0	0	15.00
16.00	Accumulated depreciation	-12,957,877	0	0	0	16.00
17.00	Leasehold improvements	183,500	0	0	0	17.00
18.00	Accumulated depreciation	-26,419	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	23,948,642	0	0	0	23.00
24.00	Accumulated depreciation	-12,372,217	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	2,390,417	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	79,375,501	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,084,854	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	7,754,235	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,839,089	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	110,447,123	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,326,199	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,104,619	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	52,352,541	0	0	0	40.00
41.00	Deferred income	923,258	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	6,135	0	0	0	43.00
44.00	Other current liabilities	13,461,606	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	73,174,358	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	7,317,504	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,317,504	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	80,491,862	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	29,955,261	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)	29,955,261	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	110,447,123	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0113

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

Worksheet G-1

Date/Time Prepared:
2/25/2022 10:45 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		48,119,391		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-6,599,983				2.00
3.00	Total (sum of line 1 and line 2)		41,519,408		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		41,519,408		0		11.00
12.00	CHANEG IN NET ASSETS	11,143,980		0		0	12.00
13.00	TRNA	62,632		0		0	13.00
14.00	OTHER	357,535		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)		11,564,147		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		29,955,261		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	CHANEG IN NET ASSETS		0				12.00
13.00	TRNA		0				13.00
14.00	OTHER		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: 14-0113

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 10:45 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,343,993		40,343,993	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,172,012		6,172,012	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)	46,516,005		46,516,005	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,778,272		9,778,272	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)	9,778,272		9,778,272	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	56,294,277		56,294,277	17.00
18.00	Ancillary services	168,635,817	186,941,691	355,577,508	18.00
19.00	Outpatient services	8,929,128	31,996,267	40,925,395	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	0	17,265,207	17,265,207	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	246,908	575	247,483	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	234,106,130	236,203,740	470,309,870	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		129,841,921		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)		129,841,921		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0113

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

Worksheet G-3

Date/Time Prepared:
2/25/2022 10:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	470,309,870	1.00
2.00	Less contractual allowances and discounts on patients' accounts	351,376,372	2.00
3.00	Net patient revenues (line 1 minus line 2)	118,933,498	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	129,841,921	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,908,423	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	678,985	6.00
7.00	Income from investments	56,365	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	194,736	14.00
15.00	Revenue from rental of living quarters	59,416	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	15,087	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	1,868,675	24.00
24.50	COVID-19 PHE Funding	1,848,305	24.50
25.00	Total other income (sum of lines 6-24)	4,721,569	25.00
26.00	Total (line 5 plus line 25)	-6,186,854	26.00
27.00	STATE AND FEDERAL TAXES	413,129	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	413,129	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,599,983	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0113	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/25/2022 10:45 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		806,336	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		59,671	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)		44.62	3.00
4.00	Number of interns & residents (see instructions)		7.32	4.00
5.00	Indirect medical education percentage (see instructions)		4.74	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)		38,220	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)		904,227	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