

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: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/25/2022 2:12 pm
--	-----------------------	---	--

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 NORTHERN ILLINOIS MEDICAL CENTER (14-0116) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	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	3,986,803	1,390,023	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	25,385	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	4,012,188	1,390,023	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:						1.00		
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MC HENRY		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII	XIX		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		NORTHERN ILLINOIS MEDICAL CENTER		140116	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		NIMC REHABILITATION UNIT		14T116	16974	5	07/01/1985	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)						09/01/2020	08/31/2021		20.00		
21.00	Type of Control (see instructions)						2			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.					1	N			23.00		

Worksheet S-2
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

MCRIF32 - 17.1.172.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 2:12 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA 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.							
64.00	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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 2:12 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			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.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 2:12 pm	
				V	XIX		
				1.00	2.00		
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	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00		2.00		3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,417,455		0		311,312118.01	
				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 2:12 pm	
		1.00		2.00			
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		HB0640		140.00	
		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: NORTHWESTERN HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: 25 E HURON STREET	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60611		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		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)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 2:12 pm
			Beginning 1.00	Ending 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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part II Date/Time Prepared: 1/25/2022 2:12 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	12/09/2021	Y	12/09/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		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.		N		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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		N		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.		N		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.		N		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JOHN	VANDERLAAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-926-6618	JVANDERL@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	230	84,180	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)		230	84,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,980	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)		260	95,160	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		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	101.00				0	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)		282			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)		6	2,196			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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,887	2,906	64,608			1.00
2.00	HMO and other (see instructions)	9,836	8,291				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	554	222				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)	27,887	2,906	64,608			7.00
8.00	INTENSIVE CARE UNIT	3,309	183	6,904			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		554	4,265			13.00
14.00	Total (see instructions)	31,196	3,643	75,777	35.41	2,130.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,914	215	5,609	0.00	34.67	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			159			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)				35.41	2,164.67	27.00
28.00	Observation Bed Days		0	11,851			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	205	510			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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,555	704	17,113	1.00
2.00 HMO and other (see instructions)			1,848	2,257		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				12		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	6,555	704	17,113	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	262	15	373	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	0.00					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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	162,610,834	0	162,610,834	4,502,779.00	36.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		332,159	0	332,159	4,282.00	77.57
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,282,837	0	4,282,837	117,434.00	36.47
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,382,840	0	3,382,840	29,263.00	115.60
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		34,300,132	0	34,300,132	762,202.00	45.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		43,179,182	0	43,179,182		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,113,068	0	1,113,068		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		37,594	0	37,594		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,166,079	0	3,166,079		
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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	16,228,588	0	16,228,588	241,539.00	67.19	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,997,141	0	3,997,141	159,325.00	25.09	30.00
31.00	Laundry & Linen Service	8.00	53,422	0	53,422	2,882.00	18.54	31.00
32.00	Housekeeping	9.00	3,550,358	0	3,550,358	207,874.00	17.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,451,447	-1,811,103	1,640,344	87,272.00	18.80	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,811,103	1,811,103	96,357.00	18.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	7,067,709	0	7,067,709	233,097.00	30.32	38.00
39.00	Central Services and Supply	14.00	2,190,869	0	2,190,869	97,429.00	22.49	39.00
40.00	Pharmacy	15.00	6,820,549	0	6,820,549	144,237.00	47.29	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part III
Date/Time Prepared:
1/25/2022 2:12 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	162,278,675	0	162,278,675	4,498,497.00	36.07	1.00
2.00	Excluded area salaries (see instructions)	4,282,837	0	4,282,837	117,434.00	36.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	157,995,838	0	157,995,838	4,381,063.00	36.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,682,972	0	37,682,972	791,465.00	47.61	4.00
5.00	Subtotal wage-related costs (see inst.)	46,345,261	0	46,345,261	0.00	29.33	5.00
6.00	Total (sum of lines 3 thru 5)	242,024,071	0	242,024,071	5,172,528.00	46.79	6.00
7.00	Total overhead cost (see instructions)	43,360,083	0	43,360,083	1,270,012.00	34.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 1/25/2022 2:12 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		8,107,477	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)		11,490,722	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		6,401,420	9.00
10.00	Dental, Hearing and Vision Plan		628,123	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,204,014	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)		475,816	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,025,732	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		11,598,609	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-21,155	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		619,086	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		42,529,844	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part V
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	49,071,857	1.00
2.00	Hospital	0	48,388,277	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	683,580	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet S-10 Date/Time Prepared: 1/25/2022 2:12 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.201723		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		44,148,407		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		6,885,000		5.00
6.00	Medicaid charges		267,611,853		6.00
7.00	Medicaid cost (line 1 times line 6)		53,983,466		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)		2,950,059		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)		2,190,703		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)		2,950,059		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)	29,650,947	1,779,145	31,430,092	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,981,278	1,779,145	7,760,423	21.00
22.00	Payments received from patients for amounts previously written off as charity care	7,131,705	1,779,145	8,910,850	22.00
23.00	Cost of charity care (line 21 minus line 22)	0	0	0	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)		24,323,905		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,678,959		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,583,013		27.01
28.00	Non-Medicare bad debt expense (see instructions)		21,740,892		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,289,692		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,289,692		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,239,751		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		26,377,938	26,377,938	13	26,377,951	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	412	412	32,299,906	32,300,318	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,228,588	171,402,162	187,630,750	-3,824,346	183,806,404	5.00
7.00	00700	OPERATION OF PLANT	3,997,141	19,727,275	23,724,416	-1,161,060	22,563,356	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,422	1,100,485	1,153,907	-19,219	1,134,688	8.00
9.00	00900	HOUSEKEEPING	3,550,358	3,661,451	7,211,809	-1,423,745	5,788,064	9.00
10.00	01000	DIETARY	3,451,447	5,463,099	8,914,546	-5,926,033	2,988,513	10.00
11.00	01100	CAFETERIA	0	0	0	4,677,795	4,677,795	11.00
13.00	01300	NURSING ADMINISTRATION	7,067,709	3,189,645	10,257,354	-1,841,041	8,416,313	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,190,869	4,392,963	6,583,832	-872,916	5,710,916	14.00
15.00	01500	PHARMACY	6,820,549	43,178,925	49,999,474	-27,322,523	22,676,951	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,886,160	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	357,805	4,003,342	4,361,147	-2,886,160	1,474,987	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	333,363	240,120	573,483	-65,116	508,367	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,501,957	20,746,146	56,248,103	-15,138,420	41,109,683	30.00
31.00	03100	INTENSIVE CARE UNIT	7,460,480	4,733,305	12,193,785	-2,993,497	9,200,288	31.00
41.00	04100	SUBPROVIDER - IRF	2,744,566	901,668	3,646,234	-658,298	2,987,936	41.00
43.00	04300	NURSERY	0	0	0	2,765,685	2,765,685	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,701,615	32,772,631	45,474,246	-23,808,864	21,665,382	50.00
51.00	05100	RECOVERY ROOM	1,991,356	592,712	2,584,068	-370,909	2,213,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,236,009	1,236,009	52.00
53.00	05300	ANESTHESIOLOGY	0	907,557	907,557	-300,683	606,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,628,146	5,214,143	13,842,289	-2,425,062	11,417,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,341,855	1,051,153	3,393,008	-367,643	3,025,365	55.00
56.00	05600	RADIOISOTOPE	672,063	1,581,693	2,253,756	-151,672	2,102,084	56.00
57.00	05700	CT SCAN	1,364,342	822,653	2,186,995	-598,847	1,588,148	57.00
58.00	05800	MRI	685,474	533,699	1,219,173	-145,455	1,073,718	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,378,805	9,911,121	12,289,926	-8,102,872	4,187,054	59.00
60.00	06000	LABORATORY	4,814,122	10,268,239	15,082,361	-2,585,570	12,496,791	60.00
65.00	06500	RESPIRATORY THERAPY	2,575,380	2,309,781	4,885,161	-503,468	4,381,693	65.00
66.00	06600	PHYSICAL THERAPY	10,979,983	3,895,485	14,875,468	-2,126,321	12,749,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,715,265	409,639	2,124,904	-281,814	1,843,090	67.00
68.00	06800	SPEECH PATHOLOGY	765,539	182,375	947,914	-114,985	832,929	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	612,629	314,219	926,848	-191,494	735,354	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,990,429	21,990,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,548,762	20,548,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,723,672	2,723,672	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	23,379,687	23,379,687	73.01
74.00	07400	RENAL DIALYSIS	0	14,000	14,000	1,713,147	1,727,147	74.00
76.00	03951	CARDIOLOGY	1,921,705	632,947	2,554,652	-378,035	2,176,617	76.00
76.01	03950	WOUND CARE	1,305,691	2,603,424	3,909,115	-1,499,233	2,409,882	76.01
76.97	07697	CARDIAC REHABILITATION	655,667	236,087	891,754	-125,277	766,477	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,733,352	7,686,076	9,419,428	-471,776	8,947,652	90.00
90.01	09001	DIABETES CENTER	710,378	591,095	1,301,473	-169,534	1,131,939	90.01
90.02	04951	BEHAVOIRAL HEALTH	833,988	255,557	1,089,545	-176,284	913,261	90.02
91.00	09100	EMERGENCY	11,715,393	8,732,568	20,447,961	-4,221,010	16,226,951	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	544,924	1,644,585	2,189,509	-722,931	1,466,578	97.00
101.00	10100	HOME HEALTH AGENCY	0	2,487	2,487	-2,487	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		13	13	-13	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	161,405,926	402,284,875	563,690,801	246,652	563,937,453	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	1,102,451	318,429	1,420,880	-221,923	1,198,957	192.01
192.02	19202	FLIGHT FOR LIFE	0	513	513	-361	152	192.02
192.04	19204	WELLNESS PROGRAM	102,457	41,179	143,636	-24,368	119,268	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	162,610,834	402,644,996	565,255,830	0	565,255,830	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,666,380	31,044,331	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-189,622	32,110,696	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-56,306,450	127,499,954	5.00
7.00	00700	OPERATION OF PLANT	-3,602	22,559,754	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,134,688	8.00
9.00	00900	HOUSEKEEPING	0	5,788,064	9.00
10.00	01000	DIETARY	0	2,988,513	10.00
11.00	01100	CAFETERIA	-1,343,225	3,334,570	11.00
13.00	01300	NURSING ADMINISTRATION	-400	8,415,913	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	87	5,711,003	14.00
15.00	01500	PHARMACY	-26,662	22,650,289	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,474,987	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	-83,244	425,123	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,276,579	35,833,104	30.00
31.00	03100	INTENSIVE CARE UNIT	-58,397	9,141,891	31.00
41.00	04100	SUBPROVIDER - IRF	-5,000	2,982,936	41.00
43.00	04300	NURSERY	0	2,765,685	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-504,258	21,161,124	50.00
51.00	05100	RECOVERY ROOM	0	2,213,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,236,009	52.00
53.00	05300	ANESTHESIOLOGY	-515,850	91,024	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-280,040	11,137,187	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-56,000	2,969,365	55.00
56.00	05600	RADIOISOTOPE	0	2,102,084	56.00
57.00	05700	CT SCAN	-14,168	1,573,980	57.00
58.00	05800	MRI	0	1,073,718	58.00
59.00	05900	CARDIAC CATHETERIZATION	-198,649	3,988,405	59.00
60.00	06000	LABORATORY	-327,853	12,168,938	60.00
65.00	06500	RESPIRATORY THERAPY	-10,960	4,370,733	65.00
66.00	06600	PHYSICAL THERAPY	-354,576	12,394,571	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,843,090	67.00
68.00	06800	SPEECH PATHOLOGY	0	832,929	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	-1,500	733,854	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,990,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,548,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,723,672	73.00
73.01	03952	INJECTABLE DRUGS	0	23,379,687	73.01
74.00	07400	RENAL DIALYSIS	0	1,727,147	74.00
76.00	03951	CARDIOLOGY	-4,955	2,171,662	76.00
76.01	03950	WOUND CARE	-28,210	2,381,672	76.01
76.97	07697	CARDIAC REHABILITATION	0	766,477	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,874,300	4,073,352	90.00
90.01	09001	DIABETES CENTER	-781,968	349,971	90.01
90.02	04951	BEHAVIOIRAL HEALTH	-5,668	907,593	90.02
91.00	09100	EMERGENCY	-3,014,069	13,212,882	91.00
91.01	09101	EMERGENCY	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	-106,442	1,360,136	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-69,706,180	494,231,273	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	CRISIS LINE	0	1,198,957	192.01
192.02	19202	FLIGHT FOR LIFE	0	152	192.02
192.04	19204	WELLNESS PROGRAM	0	119,268	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-69,706,180	495,549,650	200.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 2:12 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - FRINGE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,274,174		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	TOTALS		0	30,274,174		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,811,103	2,866,692		1.00
	TOTALS		1,811,103	2,866,692		
	C - MED SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,990,429		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-6

Date/Time Prepared:
1/25/2022 2:12 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	TOTALS		0	21,990,429	
D - NURSERY					
1.00	NURSERY	43.00	1,628,927	1,136,758	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	727,982	508,027	2.00
	TOTALS		2,356,909	1,644,785	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13	1.00
	TOTALS		0	13	
F - CHARGABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,723,672	1.00
2.00	INJECTABLE DRUGS	73.01	0	23,379,687	2.00
	TOTALS		0	26,103,359	
G - TERMINATED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,135	1.00
	TOTALS		0	2,135	
H - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	1,713,147	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
	TOTALS		0	1,713,147	
I - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,548,762	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	20,548,762	
J - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,025,732	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,025,732	
K - RESIDENT RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,886,160	1.00
	TOTALS		0	2,886,160	
500.00	Grand Total: Increases		4,168,012	110,055,388	500.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 2:12 pm

		Decreases					1/20/2022 FILE	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - FRINGE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,748,863	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	1,078,842	0		2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	19,219	0		3.00	
4.00	HOUSEKEEPING	9.00	0	1,405,640	0		4.00	
5.00	DIETARY	10.00	0	1,236,878	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	1,310,352	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	655,182	0		7.00	
8.00	PHARMACY	15.00	0	971,157	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	6,863,581	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	1,323,246	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	494,350	0		11.00	
12.00	OPERATING ROOM	50.00	0	2,198,621	0		12.00	
13.00	RECOVERY ROOM	51.00	0	280,177	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,589,494	0		14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	349,408	0		15.00	
16.00	RADIOISOTOPE	56.00	0	110,777	0		16.00	
17.00	CT SCAN	57.00	0	235,374	0		17.00	
18.00	MRI	58.00	0	103,595	0		18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	319,406	0		19.00	
20.00	LABORATORY	60.00	0	1,076,846	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	464,299	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	2,036,439	0		22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	280,450	0		23.00	
24.00	SPEECH PATHOLOGY	68.00	0	114,085	0		24.00	
25.00	SLEEP LAB/NEUROLOGY	70.01	0	127,402	0		25.00	
26.00	CARDIOLOGY	76.00	0	311,095	0		26.00	
27.00	WOUND CARE	76.01	0	257,677	0		27.00	
28.00	CARDIAC REHABILITATION	76.97	0	116,421	0		28.00	
29.00	CLINIC	90.00	0	334,547	0		29.00	
30.00	DIABETES CENTER	90.01	0	159,226	0		30.00	
31.00	BEHAVOIRAL HEALTH	90.02	0	175,505	0		31.00	
32.00	EMERGENCY	91.00	0	2,079,647	0		32.00	
33.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	144,554	0		33.00	
34.00	CRISIS LINE	192.01	0	221,887	0		34.00	
35.00	WELLNESS PROGRAM	192.04	0	23,178	0		35.00	
36.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	56,754	0		36.00	
	TOTALS		0	30,274,174				
	B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,811,103	2,866,692	0		1.00	
	TOTALS		1,811,103	2,866,692				
	C - MED SUPPLIES & IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	51,886	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	82,218	0		2.00	
3.00	HOUSEKEEPING	9.00	0	18,105	0		3.00	
4.00	DIETARY	10.00	0	11,360	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	530,689	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	191,970	0		6.00	
7.00	PHARMACY	15.00	0	248,007	0		7.00	
8.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	8,362	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	3,395,729	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	1,027,970	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	139,316	0		11.00	
12.00	OPERATING ROOM	50.00	0	8,622,644	0		12.00	
13.00	RECOVERY ROOM	51.00	0	90,732	0		13.00	
14.00	ANESTHESIOLOGY	53.00	0	300,209	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	579,503	0		15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	18,235	0		16.00	
17.00	RADIOISOTOPE	56.00	0	40,895	0		17.00	
18.00	CT SCAN	57.00	0	361,855	0		18.00	
19.00	MRI	58.00	0	41,860	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	1,194,143	0		20.00	
21.00	LABORATORY	60.00	0	1,508,724	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	39,169	0		22.00	
23.00	PHYSICAL THERAPY	66.00	0	89,507	0		23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	1,364	0		24.00	
25.00	SPEECH PATHOLOGY	68.00	0	900	0		25.00	
26.00	SLEEP LAB/NEUROLOGY	70.01	0	64,092	0		26.00	
27.00	CARDIOLOGY	76.00	0	66,940	0		27.00	
28.00	WOUND CARE	76.01	0	386,618	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	0	8,856	0		29.00	
30.00	CLINIC	90.00	0	137,229	0		30.00	
31.00	DIABETES CENTER	90.01	0	10,308	0		31.00	
32.00	BEHAVOIRAL HEALTH	90.02	0	779	0		32.00	

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 2:12 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
33.00	EMERGENCY	91.00	0	2,140,629	0		33.00
34.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	577,687	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	352	0		35.00
36.00	CRISIS LINE	192.01	0	36	0		36.00
37.00	FLIGHT FOR LIFE	192.02	0	361	0		37.00
38.00	WELLNESS PROGRAM	192.04	0	1,190	0		38.00
	TOTALS		0	21,990,429			
D - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	2,356,909	1,644,785	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,356,909	1,644,785			
E - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	13	11		1.00
	TOTALS		0	13			
F - CHARGABLE DRUG COSTS							
1.00	PHARMACY	15.00	0	26,103,359	0		1.00
2.00		0.00		0	0		2.00
	TOTALS		0	26,103,359			
G - TERMINATED COSTS							
1.00	HOME HEALTH AGENCY	101.00	0	2,135	0		1.00
	TOTALS		0	2,135			
H - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	0	869,240	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	641,841	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	24,632	0		3.00
4.00	OPERATING ROOM	50.00	0	177,434	0		4.00
	TOTALS		0	1,713,147			
I - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,764	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	8,176	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	440	0		3.00
4.00	OPERATING ROOM	50.00	0	12,810,165	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	474	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	256,065	0		6.00
7.00	CT SCAN	57.00	0	1,618	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	6,589,323	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	375	0		9.00
10.00	WOUND CARE	76.01	0	854,938	0		10.00
11.00	EMERGENCY	91.00	0	734	0		11.00
12.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	690	0		12.00
	TOTALS		0	20,548,762			
J - WORKERS COMP INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,025,732	0		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	2,025,732			
K - RESIDENT RECLASS							
1.00	I&R SERVICES-OTHER PRGM	22.00	0	2,886,160	0		1.00
	COSTS APPRV						
	TOTALS		0	2,886,160			
500.00	Grand Total: Decreases		4,168,012	110,055,388			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,388,150	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	322,619,635	0	0	0	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	52,847,529	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	397,855,314	0	0	0	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	397,855,314	0	0	0	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,388,150	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	322,619,635	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	52,847,529	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	397,855,314	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	397,855,314	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

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	26,377,938	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,377,938	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	26,377,938				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	26,377,938				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/25/2022 2:12 pm

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	5,730	0	5,730	0.573000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,270	0	4,270	0.427000	0	2.00
3.00	Total (sum of lines 1-2)	10,000	0	10,000	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	31,044,318	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,044,318	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	13	0	0	0	31,044,331	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13	0	0	0	31,044,331	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				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)	A	-1	OPERATION OF PLANT	7.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-1	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,145,244			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	-23,713,577			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,343,225	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	B	-26,662	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER INCOME	B	-1,179,361	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/25/2022 2:12 pm

			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 SURGERY OTHER INCOME	B	-215,743	OPERATING ROOM	50.00	0	34.00
35.00 NURSING EDUCATION INCOME	B	-400	NURSING ADMINISTRATION	13.00	0	35.00
36.00 OB EDUCATION INCOME	B	2,275	ADULTS & PEDIATRICS	30.00	0	36.00
37.00 RADIOLOGY OTHER INCOME	B	2,695	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00 EDUCATION INCOME	B	-30,841	EMERGENCY	91.00	0	38.00
39.00 OTHER INCOME	B	-58,397	INTENSIVE CARE UNIT	31.00	0	39.00
40.00 LABORATORY OTHER INCOME	B	-114,960	LABORATORY	60.00	0	40.00
41.00 PT OTHER INCOME	B	-309,237	PHYSICAL THERAPY	66.00	0	41.00
42.00 MAINTENANCE SERVICES	B	-3,600	OPERATION OF PLANT	7.00	0	42.00
43.00 OTHER INCOME	B	-18,840	ANESTHESIOLOGY	53.00	0	43.00
44.00 OTHER INCOME	B	-14,168	CT SCAN	57.00	0	44.00
45.00 CLINIC OTHER INCOME	B	-4,842,553	CLINIC	90.00	0	45.00
45.01 IC SUBSIDY	A	-14,122,064	ADMINISTRATIVE & GENERAL	5.00	0	45.01
45.02 IDPA PROVIDER TAX	A	-16,127,068	ADMINISTRATIVE & GENERAL	5.00	0	45.02
45.03 CHILD CARE CENTER	A	-22,161	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04 OTHER INCOME	B	-12,461	CARDIAC CATHETERIZATION	59.00	0	45.04
45.05 OTHER INCOME	B	-10,960	RESPIRATORY THERAPY	65.00	0	45.05
45.06 RELATED RENTAL - ADMIN	A	-221,892	ADMINISTRATIVE & GENERAL	5.00	0	45.06
45.07 RELATED RENTAL - POM/BIOMED	A	-5,668	BEHAVIORAL HEALTH	90.02	0	45.07
45.08 RELATED RENTAL - ANIT-COAG	B	87	CENTRAL SERVICES & SUPPLY	14.00	0	45.08
45.09 RELATED RENTAL - RADIOLOGY	A	-1,624	WOUND CARE	76.01	0	45.09
45.10 RELATED RENTAL - ONCOLOGY ADMIN	A	-7,990	DIABETES CENTER	90.01	0	45.10
45.11 DEPRECIATION TO MEDICARE	A	4,588,929	CAP REL COSTS-BLDG & FIXT	1.00	9	45.11
45.12 EMS TUITION	B	-83,244	PARAMED ED PRGM-(SPECIFY)	23.00	0	45.12
45.13 LOSS ON DISPOSALS	A	77,451	CAP REL COSTS-BLDG & FIXT	1.00	9	45.13
45.14 LOBBYING DUES	A	-69,951	ADMINISTRATIVE & GENERAL	5.00	0	45.14
45.15 OTHER INCOME	B	-4,955	CARDIOLOGY	76.00	0	45.15
45.16 OTHER INCOME	B	-747,572	DIABETES CENTER	90.01	0	45.16
45.17 LOBBYING DUES	A	-69,951	ADMINISTRATIVE & GENERAL	5.00	0	45.17
45.18 MARKETING	A	-2,369	ADMINISTRATIVE & GENERAL	5.00	0	45.18
45.19 CONTRIBUTIONS	A	-2,500	ADMINISTRATIVE & GENERAL	5.00	0	45.19
45.20 REAL ESTATE TAXES	A	-848,377	ADMINISTRATIVE & GENERAL	5.00	0	45.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-69,706,180				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: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/25/2022 2:12 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE	83,233,721	110,612,566	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE	30,084,552	30,274,174	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	NMC HOME OFFICE BUILDING	2,619,590	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE EQUIPMENT	1,235,300	0	4.00
4.01	0.00			0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			117,173,163	140,886,740	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		
	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	CENTEGRA HEALTH	0.00	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/25/2022 2:12 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-27,378,845	0		1.00
2.00	-189,622	0		2.00
3.00	2,619,590	0		3.00
4.00	1,235,300	0		4.00
4.01	0	0		4.01
5.00	-23,713,577			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: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-2

Date/Time Prepared:
1/25/2022 2:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	116,801	116,801	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,278,854	5,278,854	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	5,000	5,000	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	288,515	288,515	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	497,010	497,010	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	282,735	282,735	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	56,000	56,000	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	186,188	186,188	0	0	0	9.00
10.00	60.00	LABORATORY	212,893	212,893	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	45,339	45,339	0	0	0	11.00
12.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	1,500	1,500	0	0	0	12.00
13.00	76.01	AGGREGATE-WOUND CARE	26,586	26,586	0	0	0	13.00
14.00	90.00	CLINIC	31,747	31,747	0	0	0	14.00
15.00	90.01	DIABETES CENTER	26,406	26,406	0	0	0	15.00
16.00	91.00	EMERGENCY	2,983,228	2,983,228	0	0	0	16.00
17.00	97.00	DURABLE MEDICAL EQUIP-SOLD	106,442	106,442	0	0	0	17.00
18.00	0.00	AGGREGATE-	0	0	0	0	0	18.00
200.00			10,145,244	10,145,244	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	0	0	0	0	0	12.00
13.00	76.01	AGGREGATE-WOUND CARE	0	0	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	90.01	DIABETES CENTER	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
17.00	97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	17.00
18.00	0.00	AGGREGATE-	0	0	0	0	0	18.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	116,801		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,278,854		2.00
3.00	0.00		0	0	0	0		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	5,000		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	288,515		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	497,010		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	282,735		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	56,000		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	186,188		9.00
10.00	60.00	LABORATORY	0	0	0	212,893		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	45,339		11.00
12.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	0	0	0	1,500		12.00
13.00	76.01	AGGREGATE-WOUND CARE	0	0	0	26,586		13.00
14.00	90.00	CLINIC	0	0	0	31,747		14.00
15.00	90.01	DIABETES CENTER	0	0	0	26,406		15.00
16.00	91.00	EMERGENCY	0	0	0	2,983,228		16.00
17.00	97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	106,442		17.00
18.00	0.00	AGGREGATE-	0	0	0	0		18.00
200.00			0	0	0	10,145,244		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

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	31,044,331	31,044,331			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	32,110,696	0	0	32,110,696	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	127,499,954	11,369,725	0	3,204,659	5.00
7.00	00700	OPERATION OF PLANT	22,559,754	1,760,118	0	789,315	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,134,688	35,889	0	10,549	8.00
9.00	00900	HOUSEKEEPING	5,788,064	278,680	0	701,089	9.00
10.00	01000	DIETARY	2,988,513	802,544	0	323,919	10.00
11.00	01100	CAFETERIA	3,334,570	0	0	357,639	11.00
13.00	01300	NURSING ADMINISTRATION	8,415,913	177,791	0	1,395,660	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,711,003	654,937	0	432,631	14.00
15.00	01500	PHARMACY	22,650,289	247,883	0	1,346,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,886,160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,474,987	112,208	0	70,656	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	425,123	23,006	0	65,829	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,833,104	5,518,788	0	6,545,087	30.00
31.00	03100	INTENSIVE CARE UNIT	9,141,891	709,630	0	1,473,221	31.00
41.00	04100	SUBPROVIDER - IRF	2,982,936	556,317	0	541,969	41.00
43.00	04300	NURSERY	2,765,685	94,662	0	321,664	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,161,124	2,840,391	0	2,508,188	50.00
51.00	05100	RECOVERY ROOM	2,213,159	162,116	0	393,233	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,236,009	408,588	0	143,755	52.00
53.00	05300	ANESTHESIOLOGY	91,024	6,840	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,137,187	658,188	0	1,703,800	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,969,365	100,398	0	462,446	55.00
56.00	05600	RADIOISOTOPE	2,102,084	105,245	0	132,712	56.00
57.00	05700	CT SCAN	1,573,980	873,157	0	269,417	57.00
58.00	05800	MRI	1,073,718	132,454	0	135,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,988,405	194,907	0	469,743	59.00
60.00	06000	LABORATORY	12,168,938	394,109	0	950,645	60.00
65.00	06500	RESPIRATORY THERAPY	4,370,733	23,589	0	508,560	65.00
66.00	06600	PHYSICAL THERAPY	12,394,571	162,546	0	2,168,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,843,090	111,687	0	338,713	67.00
68.00	06800	SPEECH PATHOLOGY	832,929	48,619	0	151,171	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	733,854	44,294	0	120,976	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,990,429	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,548,762	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,723,672	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	23,379,687	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,727,147	0	0	0	74.00
76.00	03951	CARDIOLOGY	2,171,662	408,588	0	379,479	76.00
76.01	03950	WOUND CARE	2,381,672	0	0	257,835	76.01
76.97	07697	CARDIAC REHABILITATION	766,477	0	0	129,475	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,073,352	383,312	0	342,285	90.00
90.01	09001	DIABETES CENTER	349,971	0	0	140,278	90.01
90.02	04951	BEHAVOIRAL HEALTH	907,593	414,907	0	164,688	90.02
91.00	09100	EMERGENCY	13,212,882	1,128,494	0	2,313,439	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,360,136	0	0	107,606	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	494,231,273	30,944,607	0	31,872,763	493,893,616
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	CRISIS LINE	1,198,957	99,724	0	217,701	1,516,382
192.02	19202	FLIGHT FOR LIFE	152	0	0	0	152
192.04	19204	WELLNESS PROGRAM	119,268	0	0	20,232	139,500
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
202.00 TOTAL (sum lines 118 through 201)	495,549,650	31,044,331	0	32,110,696	495,549,650	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

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	142,074,338					5.00
7.00	00700	OPERATION OF PLANT	10,092,286	35,201,473				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	474,737	70,522	1,726,385			8.00
9.00	00900	HOUSEKEEPING	2,720,236	547,599	0	10,035,668		9.00
10.00	01000	DIETARY	1,653,957	1,576,976	0	457,619	7,803,528	10.00
11.00	01100	CAFETERIA	1,484,032	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,015,085	349,354	0	101,378	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,732,590	1,286,933	0	373,452	0	14.00
15.00	01500	PHARMACY	9,744,949	487,083	0	141,345	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,160,052	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	666,350	220,486	0	63,982	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	206,578	45,206	0	13,118	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,251,405	10,844,264	1,189,048	3,146,877	6,264,888	30.00
31.00	03100	INTENSIVE CARE UNIT	4,551,822	1,394,403	91,498	404,639	937,459	31.00
41.00	04100	SUBPROVIDER - IRF	1,640,390	1,093,148	21,148	317,218	601,181	41.00
43.00	04300	NURSERY	1,278,965	186,009	0	53,977	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,655,204	5,581,289	63,445	1,619,622	0	50.00
51.00	05100	RECOVERY ROOM	1,112,763	318,554	5,611	92,440	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	718,803	802,864	0	232,981	0	52.00
53.00	05300	ANESTHESIOLOGY	39,335	13,441	0	3,901	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,425,804	1,293,322	72,508	375,306	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,419,722	197,280	0	57,248	0	55.00
56.00	05600	RADIOISOTOPE	940,547	206,804	13,811	60,012	0	56.00
57.00	05700	CT SCAN	1,091,881	1,715,729	0	497,884	0	57.00
58.00	05800	MRI	539,210	260,268	0	75,527	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,870,230	382,988	16,832	111,138	0	59.00
60.00	06000	LABORATORY	5,431,639	774,414	0	224,725	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,970,645	46,352	0	13,451	0	65.00
66.00	06600	PHYSICAL THERAPY	5,918,642	319,397	0	92,685	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	921,836	219,461	0	63,685	0	67.00
68.00	06800	SPEECH PATHOLOGY	415,087	95,536	0	27,723	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	361,390	87,037	0	25,257	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,838,745	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,259,287	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,094,742	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	9,397,138	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	694,203	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	1,189,622	802,864	0	232,981	0	76.00
76.01	03950	WOUND CARE	1,060,913	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	360,115	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,928,870	753,197	0	218,569	0	90.00
90.01	09001	DIABETES CENTER	197,049	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	597,754	815,280	0	236,584	0	90.02
91.00	09100	EMERGENCY	6,694,170	2,217,459	252,484	643,480	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	589,938	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,408,718	35,005,519	1,726,385	9,978,804	7,803,528	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	609,489	195,954	0	56,864	0	192.01
192.02	19202	FLIGHT FOR LIFE	61	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	56,070	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	142,074,338	35,201,473	1,726,385	10,035,668	7,803,528	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

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	5,176,241					11.00
13.00	01300	NURSING ADMINISTRATION	235,665	14,690,846				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	134,207	0	11,325,753			14.00
15.00	01500	PHARMACY	205,668	0	7,272	34,831,343		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
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	191	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	90,283	86,757	10,079	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,491,077	8,321,736	122,002	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	303,198	1,692,160	40,211	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	101,069	564,069	4,817	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	411,350	0	69,337	0	0	50.00
51.00	05100	RECOVERY ROOM	52,826	0	6,664	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	76,217	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,573	0	24,252	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	73,917	0	3,630	0	0	55.00
56.00	05600	RADIOISOTOPE	22,699	0	421	0	0	56.00
57.00	05700	CT SCAN	62,361	0	2,717	0	0	57.00
58.00	05800	MRI	20,837	0	338	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,582	0	156,265	0	0	59.00
60.00	06000	LABORATORY	219,878	0	8,669	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	99,771	556,825	74,091	0	0	65.00
66.00	06600	PHYSICAL THERAPY	411,546	0	10,582	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,652	0	301	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	24,157	0	120	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	22,911	0	4,444	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,380,344	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,027,366	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,557,636	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	29,273,707	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	57,231	319,409	5,132	0	0	76.00
76.01	03950	WOUND CARE	55,015	307,038	3,296	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	21,436	119,636	598	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	56,812	0	52,662	0	0	90.00
90.01	09001	DIABETES CENTER	19,984	0	313	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	37,128	0	522	0	0	90.02
91.00	09100	EMERGENCY	487,941	2,723,216	71,751	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	21,467	0	160,917	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,176,241	14,690,846	11,325,521	34,831,343	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	147	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	85	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,176,241	14,690,846	11,325,753	34,831,343	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,046,212					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		2,608,860				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			965,979			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,345,385	1,512,226	85,593	102,471,480	-3,857,611	30.00
31.00	03100	INTENSIVE CARE UNIT	510,417	329,099	48,910	21,628,558	-839,516	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,424,262	0	41.00
43.00	04300	NURSERY	0	0	0	4,700,962	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	264,489	170,533	61,138	45,406,110	-435,022	50.00
51.00	05100	RECOVERY ROOM	0	0	24,455	4,381,821	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	48,910	3,591,910	0	52.00
53.00	05300	ANESTHESIOLOGY	75,508	48,685	36,683	391,634	-124,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,508	48,685	0	21,134,133	-124,193	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	56,525	36,446	0	5,376,977	-92,971	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,584,335	0	56.00
57.00	05700	CT SCAN	0	0	0	6,087,126	0	57.00
58.00	05800	MRI	0	0	0	2,237,713	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,254,090	0	59.00
60.00	06000	LABORATORY	0	0	24,455	20,197,472	0	60.00
65.00	06500	RESPIRATORY THERAPY	94,490	60,924	0	7,819,431	-155,414	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,478,186	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,551,425	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,595,342	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	1,400,163	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,209,518	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,835,415	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,376,050	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	62,050,532	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,421,350	0	74.00
76.00	03951	CARDIOLOGY	321,436	207,251	0	6,095,655	-528,687	76.00
76.01	03950	WOUND CARE	0	0	0	4,065,769	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,397,737	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	188,981	121,848	0	8,119,888	-310,829	90.00
90.01	09001	DIABETES CENTER	0	0	0	707,595	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	3,174,456	0	90.02
91.00	09100	EMERGENCY	113,473	73,163	635,835	30,567,787	-186,636	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	2,240,064	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,046,212	2,608,860	965,979	492,974,946	-6,655,072	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	2,378,836	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	213	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	195,655	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
202.00		TOTAL (sum lines 118 through 201)	4,046,212	2,608,860	965,979	495,549,650	-6,655,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
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
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
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
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
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
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	70.01
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
73.01	03952	INJECTABLE DRUGS	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	CARDIOLOGY	76.00
76.01	03950	WOUND CARE	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DIABETES CENTER	90.01
90.02	04951	BEHAVIOIRAL HEALTH	90.02
91.00	09100	EMERGENCY	91.00
91.01	09101	EMERGENCY	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
101.00	10100	HOME HEALTH AGENCY	101.00
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
192.01	19201	CRISIS LINE	192.01
192.02	19202	FLIGHT FOR LIFE	192.02
192.04	19204	WELLNESS PROGRAM	192.04
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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,428,973	11,369,725	0	18,798,698	5.00
7.00	00700	OPERATION OF PLANT	103,078	1,760,118	0	1,863,196	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	35,889	0	35,889	8.00
9.00	00900	HOUSEKEEPING	982	278,680	0	279,662	9.00
10.00	01000	DIETARY	0	802,544	0	802,544	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,046	177,791	0	185,837	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	455,827	654,937	0	1,110,764	14.00
15.00	01500	PHARMACY	827,477	247,883	0	1,075,360	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	112,208	0	112,208	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	23,006	0	23,006	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,062	5,518,788	0	5,584,850	30.00
31.00	03100	INTENSIVE CARE UNIT	82,332	709,630	0	791,962	31.00
41.00	04100	SUBPROVIDER - IRF	2,310	556,317	0	558,627	41.00
43.00	04300	NURSERY	0	94,662	0	94,662	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	431,417	2,840,391	0	3,271,808	50.00
51.00	05100	RECOVERY ROOM	718	162,116	0	162,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	408,588	0	408,588	52.00
53.00	05300	ANESTHESIOLOGY	1,004	6,840	0	7,844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,645	658,188	0	693,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,133	100,398	0	104,531	55.00
56.00	05600	RADIOISOTOPE	8,698	105,245	0	113,943	56.00
57.00	05700	CT SCAN	1,837	873,157	0	874,994	57.00
58.00	05800	MRI	4,337	132,454	0	136,791	58.00
59.00	05900	CARDIAC CATHETERIZATION	364,597	194,907	0	559,504	59.00
60.00	06000	LABORATORY	6,529	394,109	0	400,638	60.00
65.00	06500	RESPIRATORY THERAPY	20,761	23,589	0	44,350	65.00
66.00	06600	PHYSICAL THERAPY	36,234	162,546	0	198,780	66.00
67.00	06700	OCCUPATIONAL THERAPY	305	111,687	0	111,992	67.00
68.00	06800	SPEECH PATHOLOGY	0	48,619	0	48,619	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	854	44,294	0	45,148	70.01
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
73.01	03952	INJECTABLE DRUGS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	1,785	408,588	0	410,373	76.00
76.01	03950	WOUND CARE	687	0	0	687	76.01
76.97	07697	CARDIAC REHABILITATION	6,987	0	0	6,987	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	43,726	383,312	0	427,038	90.00
90.01	09001	DIABETES CENTER	909	0	0	909	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	414,907	0	414,907	90.02
91.00	09100	EMERGENCY	21,901	1,128,494	0	1,150,395	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	773	0	0	773	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,968,924	30,944,607	0	40,913,531	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	CRISIS LINE	8,385	99,724	0	108,109	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	1,328	0	0	1,328	192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,978,637	31,044,331	0	41,022,968	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

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	18,798,698					5.00
7.00	00700	OPERATION OF PLANT	1,335,357	3,198,553				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62,815	6,408	105,112			8.00
9.00	00900	HOUSEKEEPING	359,927	49,757	0	689,346		9.00
10.00	01000	DIETARY	218,843	143,291	0	31,434	1,196,112	10.00
11.00	01100	CAFETERIA	196,359	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	531,254	31,744	0	6,964	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	361,562	116,936	0	25,652	0	14.00
15.00	01500	PHARMACY	1,289,399	44,258	0	9,709	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	153,492	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	88,168	20,034	0	4,395	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	27,333	4,108	0	901	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,547,431	985,353	72,394	216,158	960,272	30.00
31.00	03100	INTENSIVE CARE UNIT	602,272	126,701	5,571	27,794	143,692	31.00
41.00	04100	SUBPROVIDER - IRF	217,048	99,328	1,288	21,790	92,148	41.00
43.00	04300	NURSERY	169,226	16,902	0	3,708	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,409,839	507,139	3,863	111,251	0	50.00
51.00	05100	RECOVERY ROOM	147,235	28,945	342	6,350	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	95,108	72,952	0	16,003	0	52.00
53.00	05300	ANESTHESIOLOGY	5,205	1,221	0	268	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	717,913	117,517	4,415	25,780	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	187,850	17,926	0	3,932	0	55.00
56.00	05600	RADIOISOTOPE	124,448	18,791	841	4,122	0	56.00
57.00	05700	CT SCAN	144,472	155,898	0	34,199	0	57.00
58.00	05800	MRI	71,345	23,649	0	5,188	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	247,459	34,800	1,025	7,634	0	59.00
60.00	06000	LABORATORY	718,685	70,366	0	15,436	0	60.00
65.00	06500	RESPIRATORY THERAPY	260,745	4,212	0	924	0	65.00
66.00	06600	PHYSICAL THERAPY	783,123	29,022	0	6,367	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,972	19,941	0	4,375	0	67.00
68.00	06800	SPEECH PATHOLOGY	54,922	8,681	0	1,904	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	47,817	7,909	0	1,735	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,169,495	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,092,824	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144,850	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	1,243,379	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	91,853	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	157,404	72,952	0	16,003	0	76.00
76.01	03950	WOUND CARE	140,374	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	47,649	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	255,218	68,439	0	15,013	0	90.00
90.01	09001	DIABETES CENTER	26,072	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	79,092	74,080	0	16,251	0	90.02
91.00	09100	EMERGENCY	885,736	201,488	15,373	44,200	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	78,057	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,710,627	3,180,748	105,112	685,440	1,196,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	80,644	17,805	0	3,906	0	192.01
192.02	19202	FLIGHT FOR LIFE	8	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	7,419	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,798,698	3,198,553	105,112	689,346	1,196,112	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

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	196,359					11.00
13.00	01300	NURSING ADMINISTRATION	8,940	764,739				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,091	0	1,620,005			14.00
15.00	01500	PHARMACY	7,802	0	1,040	2,427,568		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
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	27	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,425	4,516	1,442	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,565	433,192	17,451	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,502	88,086	5,752	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,834	29,363	689	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,604	0	9,918	0	0	50.00
51.00	05100	RECOVERY ROOM	2,004	0	953	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	10,902	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,123	0	3,469	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,804	0	519	0	0	55.00
56.00	05600	RADIOISOTOPE	861	0	60	0	0	56.00
57.00	05700	CT SCAN	2,366	0	389	0	0	57.00
58.00	05800	MRI	790	0	48	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,412	0	22,352	0	0	59.00
60.00	06000	LABORATORY	8,341	0	1,240	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,785	28,986	10,598	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,612	0	1,514	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,997	0	43	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	916	0	17	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	869	0	636	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	769,593	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	719,096	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	387,339	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	2,040,229	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	2,171	16,627	734	0	0	76.00
76.01	03950	WOUND CARE	2,087	15,983	471	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	813	6,228	86	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,155	0	7,533	0	0	90.00
90.01	09001	DIABETES CENTER	758	0	45	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	1,408	0	75	0	0	90.02
91.00	09100	EMERGENCY	18,510	141,758	10,263	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	814	0	23,017	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	196,359	764,739	1,619,972	2,427,568	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	21	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	12	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	196,359	764,739	1,620,005	2,427,568	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	153,492					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		224,832				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			64,731			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				10,873,666	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,803,332	0	31.00
41.00	04100	SUBPROVIDER - IRF				1,024,115	0	41.00
43.00	04300	NURSERY				284,498	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				5,329,422	0	50.00
51.00	05100	RECOVERY ROOM				348,663	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				592,651	0	52.00
53.00	05300	ANESTHESIOLOGY				25,440	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,575,050	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				317,562	0	55.00
56.00	05600	RADIOISOTOPE				263,066	0	56.00
57.00	05700	CT SCAN				1,212,318	0	57.00
58.00	05800	MRI				237,811	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				875,186	0	59.00
60.00	06000	LABORATORY				1,214,706	0	60.00
65.00	06500	RESPIRATORY THERAPY				353,600	0	65.00
66.00	06600	PHYSICAL THERAPY				1,034,418	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				260,320	0	67.00
68.00	06800	SPEECH PATHOLOGY				115,059	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY				104,114	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				1,939,088	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,811,920	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				532,189	0	73.00
73.01	03952	INJECTABLE DRUGS				3,283,608	0	73.01
74.00	07400	RENAL DIALYSIS				91,853	0	74.00
76.00	03951	CARDIOLOGY				676,264	0	76.00
76.01	03950	WOUND CARE				159,602	0	76.01
76.97	07697	CARDIAC REHABILITATION				61,763	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				775,396	0	90.00
90.01	09001	DIABETES CENTER				27,784	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH				585,813	0	90.02
91.00	09100	EMERGENCY				2,467,723	0	91.00
91.01	09101	EMERGENCY				0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				102,661	0	97.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	40,360,661	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				0	0	190.00
192.01	19201	CRISIS LINE				210,485	0	192.01
192.02	19202	FLIGHT FOR LIFE				8	0	192.02
192.04	19204	WELLNESS PROGRAM				8,759	0	192.04
200.00		Cross Foot Adjustments	153,492	224,832	64,731	443,055	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
202.00		TOTAL (sum lines 118 through 201)	153,492	224,832	64,731	41,022,968	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
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
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
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
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
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
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	70.01
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
73.01	03952	INJECTABLE DRUGS	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	CARDIOLOGY	76.00
76.01	03950	WOUND CARE	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DIABETES CENTER	90.01
90.02	04951	BEHAVIORAL HEALTH	90.02
91.00	09100	EMERGENCY	91.00
91.01	09101	EMERGENCY	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
101.00	10100	HOME HEALTH AGENCY	101.00
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
192.01	19201	CRISIS LINE	192.01
192.02	19202	FLIGHT FOR LIFE	192.02
192.04	19204	WELLNESS PROGRAM	192.04
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: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,012,048					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,012,048				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	162,610,834			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	370,654	370,654	16,228,588	-142,074,338	353,475,312	5.00
7.00	00700	OPERATION OF PLANT	57,380	57,380	3,997,141	0	25,109,187	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,170	1,170	53,422	0	1,181,126	8.00
9.00	00900	HOUSEKEEPING	9,085	9,085	3,550,358	0	6,767,833	9.00
10.00	01000	DIETARY	26,163	26,163	1,640,344	0	4,114,976	10.00
11.00	01100	CAFETERIA	0	0	1,811,103	0	3,692,209	11.00
13.00	01300	NURSING ADMINISTRATION	5,796	5,796	7,067,709	0	9,989,364	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,351	21,351	2,190,869	0	6,798,571	14.00
15.00	01500	PHARMACY	8,081	8,081	6,820,549	0	24,245,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,658	3,658	357,805	0	1,657,851	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	750	750	333,363	0	513,958	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	179,913	179,913	33,145,048	0	47,896,979	30.00
31.00	03100	INTENSIVE CARE UNIT	23,134	23,134	7,460,480	0	11,324,742	31.00
41.00	04100	SUBPROVIDER - IRF	18,136	18,136	2,744,566	0	4,081,222	41.00
43.00	04300	NURSERY	3,086	3,086	1,628,927	0	3,182,011	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,597	92,597	12,701,615	0	26,509,703	50.00
51.00	05100	RECOVERY ROOM	5,285	5,285	1,991,356	0	2,768,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,320	13,320	727,982	0	1,788,352	52.00
53.00	05300	ANESTHESIOLOGY	223	223	0	0	97,864	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,457	21,457	8,628,146	0	13,499,175	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,273	3,273	2,341,855	0	3,532,209	55.00
56.00	05600	RADIOISOTOPE	3,431	3,431	672,063	0	2,340,041	56.00
57.00	05700	CT SCAN	28,465	28,465	1,364,342	0	2,716,554	57.00
58.00	05800	MRI	4,318	4,318	685,474	0	1,341,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,354	6,354	2,378,805	0	4,653,055	59.00
60.00	06000	LABORATORY	12,848	12,848	4,814,122	0	13,513,692	60.00
65.00	06500	RESPIRATORY THERAPY	769	769	2,575,380	0	4,902,882	65.00
66.00	06600	PHYSICAL THERAPY	5,299	5,299	10,979,983	0	14,725,334	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,641	3,641	1,715,265	0	2,293,490	67.00
68.00	06800	SPEECH PATHOLOGY	1,585	1,585	765,539	0	1,032,719	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,444	1,444	612,629	0	899,124	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	21,990,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,548,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,723,672	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	23,379,687	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,727,147	74.00
76.00	03951	CARDIOLOGY	13,320	13,320	1,921,705	0	2,959,729	76.00
76.01	03950	WOUND CARE	0	0	1,305,691	0	2,639,507	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	655,667	0	895,952	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,496	12,496	1,733,352	0	4,798,949	90.00
90.01	09001	DIABETES CENTER	0	0	710,378	0	490,249	90.01
90.02	04951	BEHAVOIRAL HEALTH	13,526	13,526	833,988	0	1,487,188	90.02
91.00	09100	EMERGENCY	36,789	36,789	11,715,393	0	16,654,815	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	544,924	0	1,467,742	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,008,797	1,008,797	161,405,926	-142,074,338	351,819,278	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	3,251	3,251	1,102,451	0	1,516,382	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	152	192.02
192.04	19204	WELLNESS PROGRAM	0	0	102,457	0	139,500	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	31,044,331	0	32,110,696		142,074,338	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.674761	0.000000	0.197470		0.401936	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		18,798,698	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.053182	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	584,014					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,170	4,000				8.00
9.00	00900	HOUSEKEEPING	9,085	0	573,759			9.00
10.00	01000	DIETARY	26,163	0	26,163	526,093		10.00
11.00	01100	CAFETERIA	0	0	0	0	3,656,850	11.00
13.00	01300	NURSING ADMINISTRATION	5,796	0	5,796	0	166,490	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,351	0	21,351	0	94,813	14.00
15.00	01500	PHARMACY	8,081	0	8,081	0	145,298	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
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	3,658	0	3,658	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	750	0	750	0	63,782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	179,913	2,755	179,913	422,362	1,053,397	30.00
31.00	03100	INTENSIVE CARE UNIT	23,134	212	23,134	63,201	214,200	31.00
41.00	04100	SUBPROVIDER - IRF	18,136	49	18,136	40,530	71,402	41.00
43.00	04300	NURSERY	3,086	0	3,086	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,597	147	92,597	0	290,606	50.00
51.00	05100	RECOVERY ROOM	5,285	13	5,285	0	37,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,320	0	13,320	0	0	52.00
53.00	05300	ANESTHESIOLOGY	223	0	223	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,457	168	21,457	0	225,768	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,273	0	3,273	0	52,220	55.00
56.00	05600	RADIOISOTOPE	3,431	32	3,431	0	16,036	56.00
57.00	05700	CT SCAN	28,465	0	28,465	0	44,056	57.00
58.00	05800	MRI	4,318	0	4,318	0	14,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,354	39	6,354	0	44,919	59.00
60.00	06000	LABORATORY	12,848	0	12,848	0	155,337	60.00
65.00	06500	RESPIRATORY THERAPY	769	0	769	0	70,485	65.00
66.00	06600	PHYSICAL THERAPY	5,299	0	5,299	0	290,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,641	0	3,641	0	37,197	67.00
68.00	06800	SPEECH PATHOLOGY	1,585	0	1,585	0	17,066	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,444	0	1,444	0	16,186	70.01
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
73.01	03952	INJECTABLE DRUGS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	13,320	0	13,320	0	40,432	76.00
76.01	03950	WOUND CARE	0	0	0	0	38,866	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	15,144	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,496	0	12,496	0	40,136	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	14,118	90.01
90.02	04951	BEHAVIOIRAL HEALTH	13,526	0	13,526	0	26,230	90.02
91.00	09100	EMERGENCY	36,789	585	36,789	0	344,715	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	15,166	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	580,763	4,000	570,508	526,093	3,656,850	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	3,251	0	3,251	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	35,201,473	1,726,385	10,035,668	7,803,528	5,176,241	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	60.275050	431.596250	17.491086	14.832982	1.415492	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	3,198,553	105,112	689,346	1,196,112	196,359	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.476843	26.278000	1.201456	2.273575	0.053696	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,859,623					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	46,290,842				14.00
15.00	01500	PHARMACY	0	29,722	42,032,954			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,359,454,055		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,592	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	782	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	10,982	41,195	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,053,397	498,650	0	282,038,156	5,560	30.00
31.00	03100	INTENSIVE CARE UNIT	214,200	164,350	0	47,788,702	1,210	31.00
41.00	04100	SUBPROVIDER - IRF	71,402	19,690	0	14,437,581	0	41.00
43.00	04300	NURSERY	0	0	0	13,832,836	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	283,395	0	288,535,220	627	50.00
51.00	05100	RECOVERY ROOM	0	27,237	0	29,759,579	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,995,514	0	52.00
53.00	05300	ANESTHESIOLOGY	0	311,515	0	65,448,515	179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,123	0	148,872,156	179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,836	0	41,125,083	134	55.00
56.00	05600	RADIOISOTOPE	0	1,722	0	51,692,355	0	56.00
57.00	05700	CT SCAN	0	11,107	0	214,181,627	0	57.00
58.00	05800	MRI	0	1,382	0	95,137,019	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	638,691	0	42,019,788	0	59.00
60.00	06000	LABORATORY	0	35,433	0	223,886,829	0	60.00
65.00	06500	RESPIRATORY THERAPY	70,485	302,828	0	32,268,949	224	65.00
66.00	06600	PHYSICAL THERAPY	0	43,251	0	118,353,509	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,231	0	13,821,809	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	489	0	6,789,445	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	18,165	0	2,268,526	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,990,632	0	44,558,894	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,547,956	0	72,501,866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,706,710	96,412,596	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	35,326,244	68,161,980	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,576,478	0	74.00
76.00	03951	CARDIOLOGY	40,432	20,977	0	17,910,944	762	76.00
76.01	03950	WOUND CARE	38,866	13,470	0	8,180,704	0	76.01
76.97	07697	CARDIAC REHABILITATION	15,144	2,444	0	5,655,666	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	215,242	0	29,490,119	448	90.00
90.01	09001	DIABETES CENTER	0	1,278	0	609,716	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	0	2,133	0	7,324,251	0	90.02
91.00	09100	EMERGENCY	344,715	293,262	0	253,300,341	269	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	657,704	0	5,517,302	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,859,623	46,289,892	42,032,954	2,359,454,055	9,592	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	601	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	349	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	14,690,846	11,325,753	34,831,343	0	4,046,212	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.899906	0.244665	0.828668	0.000000	421.831943	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	764,739	1,620,005	2,427,568	0	153,492	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.411233	0.034996	0.057754	0.000000	16.002085	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER		
			PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,592		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		158	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,560	14	30.00
31.00	03100	INTENSIVE CARE UNIT	1,210	8	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	627	10	50.00
51.00	05100	RECOVERY ROOM	0	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8	52.00
53.00	05300	ANESTHESIOLOGY	179	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	134	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	4	60.00
65.00	06500	RESPIRATORY THERAPY	224	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	70.01
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
73.01	03952	INJECTABLE DRUGS	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	CARDIOLOGY	762	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	448	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0	90.02
91.00	09100	EMERGENCY	269	104	91.00
91.01	09101	EMERGENCY	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,592	158	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	CRISIS LINE	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	192.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00	23.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,608,860	965,979	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	271.982902	6,113.791139	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	224,832	64,731	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.439533	409.689873	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

			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	98,613,869		98,613,869	0	98,613,869
31.00	03100	INTENSIVE CARE UNIT	20,789,042		20,789,042	0	20,789,042
41.00	04100	SUBPROVIDER - IRF	8,424,262		8,424,262	0	8,424,262
43.00	04300	NURSERY	4,700,962		4,700,962	0	4,700,962
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,971,088		44,971,088	0	44,971,088
51.00	05100	RECOVERY ROOM	4,381,821		4,381,821	0	4,381,821
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,591,910		3,591,910	0	3,591,910
53.00	05300	ANESTHESIOLOGY	267,441		267,441	0	267,441
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,009,940		21,009,940	0	21,009,940
55.00	05500	RADIOLOGY-THERAPEUTIC	5,284,006		5,284,006	0	5,284,006
56.00	05600	RADIOISOTOPE	3,584,335		3,584,335	0	3,584,335
57.00	05700	CT SCAN	6,087,126		6,087,126	0	6,087,126
58.00	05800	MRI	2,237,713		2,237,713	0	2,237,713
59.00	05900	CARDIAC CATHETERIZATION	7,254,090		7,254,090	0	7,254,090
60.00	06000	LABORATORY	20,197,472		20,197,472	0	20,197,472
65.00	06500	RESPIRATORY THERAPY	7,664,017	0	7,664,017	0	7,664,017
66.00	06600	PHYSICAL THERAPY	21,478,186	0	21,478,186	0	21,478,186
67.00	06700	OCCUPATIONAL THERAPY	3,551,425	0	3,551,425	0	3,551,425
68.00	06800	SPEECH PATHOLOGY	1,595,342	0	1,595,342	0	1,595,342
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	1,400,163		1,400,163	0	1,400,163
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,209,518		36,209,518	0	36,209,518
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,835,415		33,835,415	0	33,835,415
73.00	07300	DRUGS CHARGED TO PATIENTS	9,376,050		9,376,050	0	9,376,050
73.01	03952	INJECTABLE DRUGS	62,050,532		62,050,532	0	62,050,532
74.00	07400	RENAL DIALYSIS	2,421,350		2,421,350	0	2,421,350
76.00	03951	CARDIOLOGY	5,566,968		5,566,968	0	5,566,968
76.01	03950	WOUND CARE	4,065,769		4,065,769	0	4,065,769
76.97	07697	CARDIAC REHABILITATION	1,397,737		1,397,737	0	1,397,737
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,809,059		7,809,059	0	7,809,059
90.01	09001	DIABETES CENTER	707,595		707,595	0	707,595
90.02	04951	BEHAVIORAL HEALTH	3,174,456		3,174,456	0	3,174,456
91.00	09100	EMERGENCY	30,381,151		30,381,151	0	30,381,151
91.01	09101	EMERGENCY	0		0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,284,946		15,284,946		15,284,946
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	2,240,064		2,240,064	0	2,240,064
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	501,604,820	0	501,604,820	0	501,604,820
201.00		Less Observation Beds	15,284,946		15,284,946		15,284,946
202.00		Total (see instructions)	486,319,874	0	486,319,874	0	486,319,874

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	229,976,775		229,976,775		30.00
31.00	03100	INTENSIVE CARE UNIT	38,174,141		38,174,141		31.00
41.00	04100	SUBPROVIDER - IRF	13,048,237		13,048,237		41.00
43.00	04300	NURSERY	12,674,800		12,674,800		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,350,034	199,296,685	286,646,719	0.156887	50.00
51.00	05100	RECOVERY ROOM	6,880,785	29,785,947	36,666,732	0.119504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,977,769	10,395	7,988,164	0.449654	52.00
53.00	05300	ANESTHESIOLOGY	38,133,004	72,933,733	111,066,737	0.002408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,118,666	120,656,299	155,774,965	0.134874	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	293,332	58,807,956	59,101,288	0.089406	55.00
56.00	05600	RADIOISOTOPE	3,869,663	31,729,894	35,599,557	0.100685	56.00
57.00	05700	CT SCAN	71,790,380	180,789,643	252,580,023	0.024100	57.00
58.00	05800	MRI	10,889,169	55,565,708	66,454,877	0.033673	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,179,255	24,298,975	52,478,230	0.138230	59.00
60.00	06000	LABORATORY	99,799,888	76,165,471	175,965,359	0.114781	60.00
65.00	06500	RESPIRATORY THERAPY	14,323,078	3,862,101	18,185,179	0.421443	65.00
66.00	06600	PHYSICAL THERAPY	15,880,745	65,674,414	81,555,159	0.263358	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,691,235	2,768,677	12,459,912	0.285028	67.00
68.00	06800	SPEECH PATHOLOGY	6,978,522	6,105,000	13,083,522	0.121935	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	458,358	7,779,705	8,238,063	0.169963	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,706,260	30,723,654	59,429,914	0.609281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,922,616	39,893,828	65,816,444	0.514088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,144,742	6,255,383	45,400,125	0.206520	73.00
73.01	03952	INJECTABLE DRUGS	43,708,034	160,501,915	204,209,949	0.303857	73.01
74.00	07400	RENAL DIALYSIS	1,499,920	200,698	1,700,618	1.423806	74.00
76.00	03951	CARDIOLOGY	6,073,951	19,106,104	25,180,055	0.221086	76.00
76.01	03950	WOUND CARE	122,629	17,506,445	17,629,074	0.230629	76.01
76.97	07697	CARDIAC REHABILITATION	267,555	5,583,042	5,850,597	0.238905	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	88,989	8,009,563	8,098,552	0.964254	90.00
90.01	09001	DIABETES CENTER	0	1,248,592	1,248,592	0.566714	90.01
90.02	04951	BEHAVIOIRAL HEALTH	1,017,217	7,153,705	8,170,922	0.388506	90.02
91.00	09100	EMERGENCY	66,941,386	194,129,768	261,071,154	0.116371	91.00
91.01	09101	EMERGENCY	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,505,981	23,233,145	31,739,126	0.481581	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	7,565,486	7,565,486	0.296090	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	953,487,116	1,457,341,931	2,410,829,047		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	953,487,116	1,457,341,931	2,410,829,047		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.156887			50.00
51.00	05100	RECOVERY ROOM	0.119504			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449654			52.00
53.00	05300	ANESTHESIOLOGY	0.002408			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134874			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.089406			55.00
56.00	05600	RADIOISOTOPE	0.100685			56.00
57.00	05700	CT SCAN	0.024100			57.00
58.00	05800	MRI	0.033673			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138230			59.00
60.00	06000	LABORATORY	0.114781			60.00
65.00	06500	RESPIRATORY THERAPY	0.421443			65.00
66.00	06600	PHYSICAL THERAPY	0.263358			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285028			67.00
68.00	06800	SPEECH PATHOLOGY	0.121935			68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.169963			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609281			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514088			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206520			73.00
73.01	03952	INJECTABLE DRUGS	0.303857			73.01
74.00	07400	RENAL DIALYSIS	1.423806			74.00
76.00	03951	CARDIOLOGY	0.221086			76.00
76.01	03950	WOUND CARE	0.230629			76.01
76.97	07697	CARDIAC REHABILITATION	0.238905			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.964254			90.00
90.01	09001	DIABETES CENTER	0.566714			90.01
90.02	04951	BEHAVIORAL HEALTH	0.388506			90.02
91.00	09100	EMERGENCY	0.116371			91.00
91.01	09101	EMERGENCY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.481581			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.296090			97.00
101.00	10100	HOME HEALTH AGENCY				101.00
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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

			Title XIX		Hospital	Cost	
Cost Center Description			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	98,613,869		98,613,869	0	98,613,869
31.00	03100	INTENSIVE CARE UNIT	20,789,042		20,789,042	0	20,789,042
41.00	04100	SUBPROVIDER - IRF	8,424,262		8,424,262	0	8,424,262
43.00	04300	NURSERY	4,700,962		4,700,962	0	4,700,962
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,971,088		44,971,088	0	44,971,088
51.00	05100	RECOVERY ROOM	4,381,821		4,381,821	0	4,381,821
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,591,910		3,591,910	0	3,591,910
53.00	05300	ANESTHESIOLOGY	267,441		267,441	0	267,441
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,009,940		21,009,940	0	21,009,940
55.00	05500	RADIOLOGY-THERAPEUTIC	5,284,006		5,284,006	0	5,284,006
56.00	05600	RADIOISOTOPE	3,584,335		3,584,335	0	3,584,335
57.00	05700	CT SCAN	6,087,126		6,087,126	0	6,087,126
58.00	05800	MRI	2,237,713		2,237,713	0	2,237,713
59.00	05900	CARDIAC CATHETERIZATION	7,254,090		7,254,090	0	7,254,090
60.00	06000	LABORATORY	20,197,472		20,197,472	0	20,197,472
65.00	06500	RESPIRATORY THERAPY	7,664,017	0	7,664,017	0	7,664,017
66.00	06600	PHYSICAL THERAPY	21,478,186	0	21,478,186	0	21,478,186
67.00	06700	OCCUPATIONAL THERAPY	3,551,425	0	3,551,425	0	3,551,425
68.00	06800	SPEECH PATHOLOGY	1,595,342	0	1,595,342	0	1,595,342
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	1,400,163		1,400,163	0	1,400,163
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,209,518		36,209,518	0	36,209,518
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,835,415		33,835,415	0	33,835,415
73.00	07300	DRUGS CHARGED TO PATIENTS	9,376,050		9,376,050	0	9,376,050
73.01	03952	INJECTABLE DRUGS	62,050,532		62,050,532	0	62,050,532
74.00	07400	RENAL DIALYSIS	2,421,350		2,421,350	0	2,421,350
76.00	03951	CARDIOLOGY	5,566,968		5,566,968	0	5,566,968
76.01	03950	WOUND CARE	4,065,769		4,065,769	0	4,065,769
76.97	07697	CARDIAC REHABILITATION	1,397,737		1,397,737	0	1,397,737
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,809,059		7,809,059	0	7,809,059
90.01	09001	DIABETES CENTER	707,595		707,595	0	707,595
90.02	04951	BEHAVIORAL HEALTH	3,174,456		3,174,456	0	3,174,456
91.00	09100	EMERGENCY	30,381,151		30,381,151	0	30,381,151
91.01	09101	EMERGENCY	0		0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,284,946		15,284,946		15,284,946
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	2,240,064		2,240,064	0	2,240,064
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	501,604,820	0	501,604,820	0	501,604,820
201.00		Less Observation Beds	15,284,946		15,284,946		15,284,946
202.00		Total (see instructions)	486,319,874	0	486,319,874	0	486,319,874

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	229,976,775		229,976,775		30.00
31.00	03100	INTENSIVE CARE UNIT	38,174,141		38,174,141		31.00
41.00	04100	SUBPROVIDER - IRF	13,048,237		13,048,237		41.00
43.00	04300	NURSERY	12,674,800		12,674,800		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	87,350,034	199,296,685	286,646,719	0.156887	0.000000
51.00	05100	RECOVERY ROOM	6,880,785	29,785,947	36,666,732	0.119504	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,977,769	10,395	7,988,164	0.449654	0.000000
53.00	05300	ANESTHESIOLOGY	38,133,004	72,933,733	111,066,737	0.002408	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,118,666	120,656,299	155,774,965	0.134874	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	293,332	58,807,956	59,101,288	0.089406	0.000000
56.00	05600	RADIOISOTOPE	3,869,663	31,729,894	35,599,557	0.100685	0.000000
57.00	05700	CT SCAN	71,790,380	180,789,643	252,580,023	0.024100	0.000000
58.00	05800	MRI	10,889,169	55,565,708	66,454,877	0.033673	0.000000
59.00	05900	CARDIAC CATHETERIZATION	28,179,255	24,298,975	52,478,230	0.138230	0.000000
60.00	06000	LABORATORY	99,799,888	76,165,471	175,965,359	0.114781	0.000000
65.00	06500	RESPIRATORY THERAPY	14,323,078	3,862,101	18,185,179	0.421443	0.000000
66.00	06600	PHYSICAL THERAPY	15,880,745	65,674,414	81,555,159	0.263358	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,691,235	2,768,677	12,459,912	0.285028	0.000000
68.00	06800	SPEECH PATHOLOGY	6,978,522	6,105,000	13,083,522	0.121935	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
70.01	07001	SLEEP LAB/NEUROLOGY	458,358	7,779,705	8,238,063	0.169963	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,706,260	30,723,654	59,429,914	0.609281	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,922,616	39,893,828	65,816,444	0.514088	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	39,144,742	6,255,383	45,400,125	0.206520	0.000000
73.01	03952	INJECTABLE DRUGS	43,708,034	160,501,915	204,209,949	0.303857	0.000000
74.00	07400	RENAL DIALYSIS	1,499,920	200,698	1,700,618	1.423806	0.000000
76.00	03951	CARDIOLOGY	6,073,951	19,106,104	25,180,055	0.221086	0.000000
76.01	03950	WOUND CARE	122,629	17,506,445	17,629,074	0.230629	0.000000
76.97	07697	CARDIAC REHABILITATION	267,555	5,583,042	5,850,597	0.238905	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	88,989	8,009,563	8,098,552	0.964254	0.000000
90.01	09001	DIABETES CENTER	0	1,248,592	1,248,592	0.566714	0.000000
90.02	04951	BEHAVIOIRAL HEALTH	1,017,217	7,153,705	8,170,922	0.388506	0.000000
91.00	09100	EMERGENCY	66,941,386	194,129,768	261,071,154	0.116371	0.000000
91.01	09101	EMERGENCY	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,505,981	23,233,145	31,739,126	0.481581	0.000000
	OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	7,565,486	7,565,486	0.296090	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	953,487,116	1,457,341,931	2,410,829,047		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	953,487,116	1,457,341,931	2,410,829,047		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000			70.01
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
73.01	03952	INJECTABLE DRUGS	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	CARDIOLOGY	0.000000			76.00
76.01	03950	WOUND CARE	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CENTER	0.000000			90.01
90.02	04951	BEHAVIORAL HEALTH	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	EMERGENCY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
101.00	10100	HOME HEALTH AGENCY				101.00
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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

Title XVIII			Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,873,666	0	10,873,666	76,459	142.22	30.00
31.00	INTENSIVE CARE UNIT	1,803,332		1,803,332	6,904	261.20	31.00
41.00	SUBPROVIDER - IRF	1,024,115	0	1,024,115	5,609	182.58	41.00
43.00	NURSERY	284,498		284,498	4,265	66.71	43.00
200.00	Total (lines 30 through 199)	13,985,611		13,985,611	93,237		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	27,887	3,966,089				
31.00	INTENSIVE CARE UNIT	3,309	864,311				
41.00	SUBPROVIDER - IRF	3,914	714,618				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	35,110	5,545,018				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,329,422	286,646,719	0.018592	35,370,709	657,612	50.00
51.00	05100 RECOVERY ROOM	348,663	36,666,732	0.009509	2,138,824	20,338	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	592,651	7,988,164	0.074191	10,834	804	52.00
53.00	05300 ANESTHESIOLOGY	25,440	111,066,737	0.000229	18,214,378	4,171	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,575,050	155,774,965	0.010111	17,119,416	173,094	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	317,562	59,101,288	0.005373	269,036	1,446	55.00
56.00	05600 RADIOISOTOPE	263,066	35,599,557	0.007390	1,878,211	13,880	56.00
57.00	05700 CT SCAN	1,212,318	252,580,023	0.004800	33,374,674	160,198	57.00
58.00	05800 MRI	237,811	66,454,877	0.003579	4,635,306	16,590	58.00
59.00	05900 CARDIAC CATHETERIZATION	875,186	52,478,230	0.016677	11,928,314	198,928	59.00
60.00	06000 LABORATORY	1,214,706	175,965,359	0.006903	43,352,877	299,265	60.00
65.00	06500 RESPIRATORY THERAPY	353,600	18,185,179	0.019444	6,917,734	134,508	65.00
66.00	06600 PHYSICAL THERAPY	1,034,418	81,555,159	0.012684	5,934,297	75,271	66.00
67.00	06700 OCCUPATIONAL THERAPY	260,320	12,459,912	0.020893	4,026,460	84,125	67.00
68.00	06800 SPEECH PATHOLOGY	115,059	13,083,522	0.008794	2,833,686	24,919	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	104,114	8,238,063	0.012638	253,764	3,207	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,939,088	59,429,914	0.032628	11,949,157	389,877	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,811,920	65,816,444	0.027530	13,947,008	383,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	532,189	45,400,125	0.011722	34,562,764	405,145	73.00
73.01	03952 INJECTABLE DRUGS	3,283,608	204,209,949	0.016080	25,569	411	73.01
74.00	07400 RENAL DIALYSIS	91,853	1,700,618	0.054012	824,779	44,548	74.00
76.00	03951 CARDIOLOGY	676,264	25,180,055	0.026857	2,565,471	68,901	76.00
76.01	03950 WOUND CARE	159,602	17,629,074	0.009053	66,641	603	76.01
76.97	07697 CARDIAC REHABILITATION	61,763	5,850,597	0.010557	100,110	1,057	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	775,396	8,098,552	0.095745	0	0	90.00
90.01	09001 DIABETES CENTER	27,784	1,248,592	0.022252	0	0	90.01
90.02	04951 BEHAVIOIRAL HEALTH	585,813	8,170,922	0.071695	591,753	42,426	90.02
91.00	09100 EMERGENCY	2,467,723	261,071,154	0.009452	29,320,059	277,133	91.00
91.01	09101 EMERGENCY	0	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,685,395	31,739,126	0.053101	4,056,634	215,411	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	102,661	7,565,486	0.013570	0	0	97.00
200.00	Total (lines 50 through 199)	28,060,445	2,116,955,094		286,268,465	3,697,829	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0116		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/25/2022 2:12 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	85,593	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	48,910	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	134,503	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	85,593	76,459	1.12	27,887	30.00		
31.00	03100	INTENSIVE CARE UNIT		48,910	6,904	7.08	3,309	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,609	0.00	3,914	41.00		
43.00	04300	NURSERY		0	4,265	0.00	0	43.00		
200.00		Total (lines 30 through 199)		134,503	93,237		35,110	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	31,233						30.00	
31.00	03100	INTENSIVE CARE UNIT	23,428						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	54,661						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	61,138	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	24,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	48,910	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	36,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	24,455	60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
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
73.01	03952	INJECTABLE DRUGS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	635,835	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		13,267	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	844,743	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 2:12 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	61,138	61,138	286,646,719	0.000213	50.00
51.00	05100	RECOVERY ROOM	0	24,455	24,455	36,666,732	0.000667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,910	48,910	7,988,164	0.006123	52.00
53.00	05300	ANESTHESIOLOGY	0	36,683	36,683	111,066,737	0.000330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	155,774,965	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,101,288	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	35,599,557	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	252,580,023	0.000000	57.00
58.00	05800	MRI	0	0	0	66,454,877	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	52,478,230	0.000000	59.00
60.00	06000	LABORATORY	0	24,455	24,455	175,965,359	0.000139	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,185,179	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	81,555,159	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,459,912	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,083,522	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	8,238,063	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	59,429,914	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,816,444	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,400,125	0.000000	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	204,209,949	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,700,618	0.000000	74.00
76.00	03951	CARDIOLOGY	0	0	0	25,180,055	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	17,629,074	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,850,597	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	8,098,552	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,248,592	0.000000	90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0	0	8,170,922	0.000000	90.02
91.00	09100	EMERGENCY	0	635,835	635,835	261,071,154	0.002435	91.00
91.01	09101	EMERGENCY	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,267	13,267	31,739,126	0.000418	92.00
	OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	7,565,486	0.000000	97.00
200.00		Total (lines 50 through 199)	0	844,743	844,743	2,116,955,094		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 2:12 pm

				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	0.000213	35,370,709	7,534	54,506,694	11,610	50.00	
51.00	05100	RECOVERY ROOM	0.000667	2,138,824	1,427	9,026,236	6,020	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.006123	10,834	66	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000330	18,214,378	6,011	27,816,993	9,180	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	17,119,416	0	28,146,926	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	269,036	0	21,767,609	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	1,878,211	0	14,475,642	0	56.00	
57.00	05700	CT SCAN	0.000000	33,374,674	0	57,914,720	0	57.00	
58.00	05800	MRI	0.000000	4,635,306	0	17,713,686	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	11,928,314	0	11,216,237	0	59.00	
60.00	06000	LABORATORY	0.000139	43,352,877	6,026	20,755,756	2,885	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	6,917,734	0	1,698,042	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	5,934,297	0	522,423	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,026,460	0	294,855	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	2,833,686	0	120,880	0	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000	253,764	0	2,398,652	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,949,157	0	9,616,334	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,947,008	0	12,814,573	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	34,562,764	0	1,180,671	0	73.00	
73.01	03952	INJECTABLE DRUGS	0.000000	25,569	0	75,409,047	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	824,779	0	116,113	0	74.00	
76.00	03951	CARDIOLOGY	0.000000	2,565,471	0	4,596,671	0	76.00	
76.01	03950	WOUND CARE	0.000000	66,641	0	6,841,209	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	100,110	0	2,838,697	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	3,777,518	0	90.00	
90.01	09001	DIABETES CENTER	0.000000	0	0	0	0	90.01	
90.02	04951	BEHAVOIRAL HEALTH	0.000000	591,753	0	672,450	0	90.02	
91.00	09100	EMERGENCY	0.002435	29,320,059	71,394	43,601,271	106,169	91.00	
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000418	4,056,634	1,696	11,210,848	4,686	92.00	
	OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00		Total (lines 50 through 199)		286,268,465	94,154	441,050,753	140,550	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/25/2022 2:12 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.156887	54,506,694	0	0	8,551,392	50.00
51.00	05100	RECOVERY ROOM	0.119504	9,026,236	0	0	1,078,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449654	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.002408	27,816,993	0	0	66,983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134874	28,146,926	0	0	3,796,288	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.089406	21,767,609	0	0	1,946,155	55.00
56.00	05600	RADIOISOTOPE	0.100685	14,475,642	0	0	1,457,480	56.00
57.00	05700	CT SCAN	0.024100	57,914,720	0	0	1,395,745	57.00
58.00	05800	MRI	0.033673	17,713,686	0	0	596,473	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138230	11,216,237	0	0	1,550,420	59.00
60.00	06000	LABORATORY	0.114781	20,755,756	87,450	0	2,382,366	60.00
65.00	06500	RESPIRATORY THERAPY	0.421443	1,698,042	0	0	715,628	65.00
66.00	06600	PHYSICAL THERAPY	0.263358	522,423	0	0	137,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285028	294,855	0	0	84,042	67.00
68.00	06800	SPEECH PATHOLOGY	0.121935	120,880	0	0	14,740	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.169963	2,398,652	0	0	407,682	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609281	9,616,334	0	0	5,859,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514088	12,814,573	0	0	6,587,818	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206520	1,180,671	0	0	243,832	73.00
73.01	03952	INJECTABLE DRUGS	0.303857	75,409,047	0	50,771	22,913,567	73.01
74.00	07400	RENAL DIALYSIS	1.423806	116,113	0	0	165,322	74.00
76.00	03951	CARDIOLOGY	0.221086	4,596,671	0	0	1,016,260	76.00
76.01	03950	WOUND CARE	0.230629	6,841,209	0	0	1,577,781	76.01
76.97	07697	CARDIAC REHABILITATION	0.238905	2,838,697	0	0	678,179	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.964254	3,777,518	862	0	3,642,487	90.00
90.01	09001	DIABETES CENTER	0.566714	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0.388506	672,450	0	0	261,251	90.02
91.00	09100	EMERGENCY	0.116371	43,601,271	0	0	5,073,924	91.00
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.481581	11,210,848	0	0	5,398,931	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.296090	0	0	0	0	97.00
200.00		Subtotal (see instructions)		441,050,753	88,312	50,771	77,600,051	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		441,050,753	88,312	50,771	77,600,051	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/25/2022 2:12 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	10,038	0		60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0		70.01
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
73.01	03952	INJECTABLE DRUGS	0	15,427		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	CARDIOLOGY	0	0		76.00
76.01	03950	WOUND CARE	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	831	0		90.00
90.01	09001	DIABETES CENTER	0	0		90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	10,869	15,427		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,869	15,427		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:

Worksheet D

Component CCN: 14-T116

From 09/01/2020
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 2:12 pm

			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	5,329,422	286,646,719	0.018592	8,086	150	50.00
51.00	05100	RECOVERY ROOM	348,663	36,666,732	0.009509	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	592,651	7,988,164	0.074191	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,440	111,066,737	0.000229	1,424	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,575,050	155,774,965	0.010111	290,415	2,936	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	317,562	59,101,288	0.005373	0	0	55.00
56.00	05600	RADIOISOTOPE	263,066	35,599,557	0.007390	0	0	56.00
57.00	05700	CT SCAN	1,212,318	252,580,023	0.004800	148,390	712	57.00
58.00	05800	MRI	237,811	66,454,877	0.003579	33,476	120	58.00
59.00	05900	CARDIAC CATHETERIZATION	875,186	52,478,230	0.016677	0	0	59.00
60.00	06000	LABORATORY	1,214,706	175,965,359	0.006903	1,042,852	7,199	60.00
65.00	06500	RESPIRATORY THERAPY	353,600	18,185,179	0.019444	225,574	4,386	65.00
66.00	06600	PHYSICAL THERAPY	1,034,418	81,555,159	0.012684	2,915,916	36,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	260,320	12,459,912	0.020893	3,010,953	62,908	67.00
68.00	06800	SPEECH PATHOLOGY	115,059	13,083,522	0.008794	1,571,102	13,816	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	104,114	8,238,063	0.012638	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,939,088	59,429,914	0.032628	66,140	2,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,811,920	65,816,444	0.027530	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,189	45,400,125	0.011722	571,459	6,699	73.00
73.01	03952	INJECTABLE DRUGS	3,283,608	204,209,949	0.016080	0	0	73.01
74.00	07400	RENAL DIALYSIS	91,853	1,700,618	0.054012	0	0	74.00
76.00	03951	CARDIOLOGY	676,264	25,180,055	0.026857	5,514	148	76.00
76.01	03950	WOUND CARE	159,602	17,629,074	0.009053	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	61,763	5,850,597	0.010557	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	775,396	8,098,552	0.095745	0	0	90.00
90.01	09001	DIABETES CENTER	27,784	1,248,592	0.022252	0	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	585,813	8,170,922	0.071695	0	0	90.02
91.00	09100	EMERGENCY	2,467,723	261,071,154	0.009452	18,558	175	91.00
91.01	09101	EMERGENCY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	31,739,126	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	102,661	7,565,486	0.013570	0	0	97.00
200.00		Total (lines 50 through 199)	26,375,050	2,116,955,094		9,909,859	138,392	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 2:12 pm	
				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	61,138	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	24,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	48,910	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	36,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
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	24,455	60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY		0	0	0	0	0	70.01
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
73.01	03952	INJECTABLE DRUGS		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY		0	0	0	0	0	76.00
76.01	03950	WOUND CARE		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER		0	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	635,835	91.00
91.01	09101	EMERGENCY		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	831,476	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 2:12 pm	
			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	61,138	61,138	286,646,719	0.000213	50.00
51.00	05100	RECOVERY ROOM	0	24,455	24,455	36,666,732	0.000667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,910	48,910	7,988,164	0.006123	52.00
53.00	05300	ANESTHESIOLOGY	0	36,683	36,683	111,066,737	0.000330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	155,774,965	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,101,288	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	35,599,557	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	252,580,023	0.000000	57.00
58.00	05800	MRI	0	0	0	66,454,877	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	52,478,230	0.000000	59.00
60.00	06000	LABORATORY	0	24,455	24,455	175,965,359	0.000139	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,185,179	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	81,555,159	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,459,912	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,083,522	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	8,238,063	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	59,429,914	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,816,444	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,400,125	0.000000	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	204,209,949	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,700,618	0.000000	74.00
76.00	03951	CARDIOLOGY	0	0	0	25,180,055	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	17,629,074	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,850,597	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,098,552	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,248,592	0.000000	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	8,170,922	0.000000	90.02
91.00	09100	EMERGENCY	0	635,835	635,835	261,071,154	0.002435	91.00
91.01	09101	EMERGENCY	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	31,739,126	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	7,565,486	0.000000	97.00
200.00		Total (lines 50 through 199)	0	831,476	831,476	2,116,955,094		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:

Worksheet D

Component CCN: 14-T116

From 09/01/2020
To 08/31/2021

Part IV
Date/Time Prepared:
1/25/2022 2:12 pm

				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	0.000213	8,086	2	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000667	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.006123	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000330	1,424	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	290,415	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	148,390	0	0	0	57.00	
58.00	05800	MRI	0.000000	33,476	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000139	1,042,852	145	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	225,574	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,915,916	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,010,953	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,571,102	0	0	0	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	66,140	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	571,459	0	0	0	73.00	
73.01	03952	INJECTABLE DRUGS	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03951	CARDIOLOGY	0.000000	5,514	0	0	0	76.00	
76.01	03950	WOUND CARE	0.000000	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	DIABETES CENTER	0.000000	0	0	0	0	90.01	
90.02	04951	BEHAVIOIRAL HEALTH	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.002435	18,558	45	0	0	91.00	
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00		Total (lines 50 through 199)		9,909,859	192	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 2:12 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		76,459	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		76,459	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)		64,608	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)		27,887	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)		98,613,869	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)		98,613,869	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)		98,613,869	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)		1,289.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		35,967,537	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)		35,967,537	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/25/2022 2:12 pm

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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	20,789,042	6,904	3,011.16	3,309	9,963,928
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)					50,947,956
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					96,879,421
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,885,061
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,791,983
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,677,044
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					88,202,377
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					11,851
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,289.76
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,284,946

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/25/2022 2:12 pm

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	10,873,666	98,613,869	0.110265	15,284,946	1,685,395
91.00	Nursing Program cost	0	98,613,869	0.000000	15,284,946	0
92.00	Allied health cost	85,593	98,613,869	0.000868	15,284,946	13,267
93.00	All other Medical Education	0	98,613,869	0.000000	15,284,946	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 2:12 pm
		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)		5,609	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,609	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)		5,609	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,914	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)		8,424,262	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)		8,424,262	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)		8,424,262	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)		1,501.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,878,515	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)		5,878,515	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1	
				Component CCN: 14-T116		Date/Time Prepared: 1/25/2022 2:12 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,239,314	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,117,829	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)					714,618	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					138,584	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					853,202	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,264,627	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 2:12 pm	
			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	1,024,115	8,424,262	0.121567	0	0	90.00
91.00	Nursing Program cost	0	8,424,262	0.000000	0	0	91.00
92.00	Allied health cost	0	8,424,262	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,424,262	0.000000	0	0	93.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/25/2022 2:12 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		102,255,500	30.00
31.00	03100	INTENSIVE CARE UNIT		18,983,171	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156887	35,370,709	50.00
51.00	05100	RECOVERY ROOM	0.119504	2,138,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449654	10,834	52.00
53.00	05300	ANESTHESIOLOGY	0.002408	18,214,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134874	17,119,416	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.089406	269,036	55.00
56.00	05600	RADIOISOTOPE	0.100685	1,878,211	56.00
57.00	05700	CT SCAN	0.024100	33,374,674	57.00
58.00	05800	MRI	0.033673	4,635,306	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138230	11,928,314	59.00
60.00	06000	LABORATORY	0.114781	43,352,877	60.00
65.00	06500	RESPIRATORY THERAPY	0.421443	6,917,734	65.00
66.00	06600	PHYSICAL THERAPY	0.263358	5,934,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285028	4,026,460	67.00
68.00	06800	SPEECH PATHOLOGY	0.121935	2,833,686	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.169963	253,764	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609281	11,949,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514088	13,947,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206520	34,562,764	73.00
73.01	03952	INJECTABLE DRUGS	0.303857	25,569	73.01
74.00	07400	RENAL DIALYSIS	1.423806	824,779	74.00
76.00	03951	CARDIOLOGY	0.221086	2,565,471	76.00
76.01	03950	WOUND CARE	0.230629	66,641	76.01
76.97	07697	CARDIAC REHABILITATION	0.238905	100,110	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.964254	0	90.00
90.01	09001	DIABETES CENTER	0.566714	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0.388506	591,753	90.02
91.00	09100	EMERGENCY	0.116371	29,320,059	91.00
91.01	09101	EMERGENCY	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.481581	4,056,634	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.296090	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		286,268,465	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)		286,268,465	202.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0116	Period: From 09/01/2020	Worksheet D-3
			Component CCN: 14-T116	To 08/31/2021	Date/Time Prepared: 1/25/2022 2:12 pm
			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		9,183,402	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156887	8,086	50.00
51.00	05100	RECOVERY ROOM	0.119504	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449654	0	52.00
53.00	05300	ANESTHESIOLOGY	0.002408	1,424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134874	290,415	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.089406	0	55.00
56.00	05600	RADIOISOTOPE	0.100685	0	56.00
57.00	05700	CT SCAN	0.024100	148,390	57.00
58.00	05800	MRI	0.033673	33,476	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138230	0	59.00
60.00	06000	LABORATORY	0.114781	1,042,852	60.00
65.00	06500	RESPIRATORY THERAPY	0.421443	225,574	65.00
66.00	06600	PHYSICAL THERAPY	0.263358	2,915,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285028	3,010,953	67.00
68.00	06800	SPEECH PATHOLOGY	0.121935	1,571,102	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.169963	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609281	66,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514088	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206520	571,459	73.00
73.01	03952	INJECTABLE DRUGS	0.303857	0	73.01
74.00	07400	RENAL DIALYSIS	1.423806	0	74.00
76.00	03951	CARDIOLOGY	0.221086	5,514	76.00
76.01	03950	WOUND CARE	0.230629	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.238905	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.964254	0	90.00
90.01	09001	DIABETES CENTER	0.566714	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0.388506	0	90.02
91.00	09100	EMERGENCY	0.116371	18,558	91.00
91.01	09101	EMERGENCY	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.481581	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.296090	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,909,859	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)		9,909,859	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 2:12 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,839,383	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		64,290,061	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)		168,309	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,437,585	2.04
3.00	Managed Care Simulated Payments		20,409,455	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		233.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		34.51	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		34.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.147592	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.112769	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.112769	21.00
22.00	IME payment adjustment (see instructions)		4,127,304	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,218,526	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		4,127,304	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,218,526	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.91	31.00
32.00	Sum of lines 30 and 31		18.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.78	33.00
34.00	Disproportionate share adjustment (see instructions)		826,097	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 2:12 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,980,808	3,549,329		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	244,328	3,257,603		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,501,931			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)	79,190,670			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)		80,409,196		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,007,267		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).		1,254,062		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		1,554,683		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).		54,661		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		94,154		58.00
59.00	Total (sum of amounts on lines 49 through 58)		89,374,023		59.00
60.00	Primary payer payments		3,789		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		89,370,234		61.00
62.00	Deductibles billed to program beneficiaries		6,699,168		62.00
63.00	Coinsurance billed to program beneficiaries		127,209		63.00
64.00	Allowable bad debts (see instructions)		1,381,246		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		897,810		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		920,899		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		83,441,667		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		578,697		70.93
70.94	HRR adjustment amount (see instructions)		-122,814		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 2:12 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		83,897,550	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		79,910,747	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)		3,986,803	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		3,083,812	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)		2,992,564	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		288,244	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	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	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/25/2022 2:12 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,296	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		77,459,501	2.00
3.00	OPPS payments		57,257,918	3.00
4.00	Outlier payment (see instructions)		1,074,348	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		140,550	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,296	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		139,083	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)		139,083	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)		139,083	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		112,787	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)		26,296	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)		58,472,816	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)		9,376,014	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)		49,123,098	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		927,174	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)		50,050,272	30.00
31.00	Primary payer payments		4,134	31.00
32.00	Subtotal (line 30 minus line 31)		50,046,138	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)		1,201,767	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		781,149	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		848,932	36.00
37.00	Subtotal (see instructions)		50,827,287	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)		50,827,287	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		49,437,264	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)		1,390,023	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		366,875	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: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/25/2022 2:12 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		79,172,291		49,656,402	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	05/04/2021	738,456		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	05/04/2021	219,138	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)		738,456		-219,138	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)		79,910,747		49,437,264	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		3,986,803		1,390,023	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		83,897,550		50,827,287	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 09/01/2020 To 08/31/2021	Worksheet E-1 Part I Date/Time Prepared: 1/25/2022 2:12 pm	
		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		6,535,154 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	05/04/2021	34,994		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)		34,994		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)		6,570,148		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		25,385		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		6,595,533		0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101	8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part II
Date/Time Prepared:
1/25/2022 2:12 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days 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: 14-0116 Component CCN: 14-T116	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part III Date/Time Prepared: 1/25/2022 2:12 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	6,116,553 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0078 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	162,089 3.00		
4.00	Outlier Payments	403,181 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)	15.367123 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)	6,681,823 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)	6,681,823 17.00		
18.00	Primary payer payments	4,450 18.00		
19.00	Subtotal (line 17 less line 18).	6,677,373 19.00		
20.00	Deductibles	26,256 20.00		
21.00	Subtotal (line 19 minus line 20)	6,651,117 21.00		
22.00	Coinsurance	55,776 22.00		
23.00	Subtotal (line 21 minus line 22)	6,595,341 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)	6,595,341 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)	192 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)	6,595,533 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	6,570,148 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)	25,385 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	403,181 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: 14-0116		Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/25/2022 2:12 pm	
		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.				0.00	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))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				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)				0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				0.00	6.00
7.00	Enter the lesser of line 5 or line 6				0.00	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.	0.00	0.00	0.00 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.	0.00	0.00	0.00 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	0.00	0.00	11.00		
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12.00		
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13.00		
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00	14.00		
15.00	Adjustment for residents in initial years of new programs	34.51	0.00	15.00		
15.01	Unweighted adjustment for residents in initial years of new programs	34.51	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	34.51	0.00	17.00		
18.00	Per resident amount	108,852.00	0.00	18.00		
19.00	Approved amount for resident costs	3,756,483	0	3,756,483 19.00		
				1.00		
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)				0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)				0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)				0.00	23.00
24.00	Multiply line 22 time line 23				0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)				3,756,483	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	35,110	3,342	7,048		26.00
27.00	Total Inpatient Days (see instructions)	77,631	77,631	77,631		27.00
28.00	Ratio of inpatient days to total inpatient days	0.452268	0.043050	0.090788		28.00
29.00	Program direct GME amount	1,698,937	161,717	341,044	2,201,698	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		6,582	13,880	20,462	30.00
31.00	Net Program direct GME amount				2,181,236	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/25/2022 2:12 pm
		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)		1,700,618	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)		104,997,250	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)		8,239	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		104,989,011	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		77,626,347	42.00
43.00	Primary payer payments (see instructions)		4,134	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		77,622,213	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		182,611,224	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.574932	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.425068	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,181,236	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,254,062	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		927,174	50.00

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

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet G

Date/Time Prepared:
1/25/2022 2:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	122,000	0	0	0	1.00
2.00	Temporary investments	113,732,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	59,946,000	0	0	0	4.00
5.00	Other receivable	1,139,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,604,000	0	0	0	7.00
8.00	Prepaid expenses	2,394,000	0	0	0	8.00
9.00	Other current assets	3,057,000	0	0	0	9.00
10.00	Due from other funds	-7,080,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	183,914,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,388,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	348,010,000	0	0	0	15.00
16.00	Accumulated depreciation	-87,768,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	62,687,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	345,317,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	53,126,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	53,126,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	582,357,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,344,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,652,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	52,762,000	0	0	0	43.00
44.00	Other current liabilities	29,774,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	105,532,000	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	54,887,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	54,887,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	160,419,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	421,938,000	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)	421,938,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	582,357,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet G-1

Date/Time Prepared:
1/25/2022 2:12 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		435,468,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-13,530,000				2.00
3.00	Total (sum of line 1 and line 2)		421,938,000		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)		421,938,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		421,938,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/25/2022 2:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	229,976,775		229,976,775	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	13,048,237		13,048,237	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)	243,025,012		243,025,012	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,174,141		38,174,141	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)	38,174,141		38,174,141	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	281,199,153		281,199,153	17.00
18.00	Ancillary services	659,613,054	1,451,722,744	2,111,335,798	18.00
19.00	Outpatient services	0	0	0	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DMR & ACCRUALS	13,989,380	25,122,655	39,112,035	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	954,801,587	1,476,845,399	2,431,646,986	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		565,255,830		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBTS	21,610,399			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)		21,610,399		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)		586,866,229		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2020
To 08/31/2021

Worksheet G-3

Date/Time Prepared:
1/25/2022 2:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,431,646,986	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,881,986,987	2.00
3.00	Net patient revenues (line 1 minus line 2)	549,659,999	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	586,866,229	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-37,206,230	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	22,881,062	24.00
24.01	NON OPERATING	795,168	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	23,676,230	25.00
26.00	Total (line 5 plus line 25)	-13,530,000	26.00
27.00	TRANSFERS TO AFFILIATES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-13,530,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0116	Period: From 09/01/2020 To 08/31/2021	Worksheet L Parts I-III Date/Time Prepared: 1/25/2022 2:12 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,293,110	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		245,717	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)		197.32	3.00
4.00	Number of interns & residents (see instructions)		34.51	4.00
5.00	Indirect medical education percentage (see instructions)		5.06	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)		267,831	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.91	8.00
9.00	Sum of lines 7 and 8		18.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.79	10.00
11.00	Disproportionate share adjustment (see instructions)		200,609	11.00
12.00	Total prospective capital payments (see instructions)		6,007,267	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