

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: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 2:49 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER (14-0117) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MICHAEL MULAY
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	220,969	49,116	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	35,846	56		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	256,815	49,172	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: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:49 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 7435 WEST TALCOTT			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60631		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

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Part I
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11/29/2021 2:49 pm

MCRIF32 - 16.12.172.6

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:49 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

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Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
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			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	52.06	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	17.79	0.000000	67.00

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			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.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				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				0	115.00
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:	0	0	5,956,896		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.60		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: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:49 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	14H082	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: PRSENCE CARE TRANSFORMATION CORP		Contractor's Name: NGS		Contractor's Number: 00131		141.00
142.00	Street: 200 SOUTH WACKER DRIVE		PO Box:				142.00
143.00	City: CHICAGO		State: IL		Zip Code: 60606		143.00
		1.00		2.00		3.00	
144.00	Are provider based physicians' costs included in Worksheet A?						Y
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00
		1.00		2.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N
		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	N	155.00
156.00	Subprovider - IPF		N	N	N	N	156.00
157.00	Subprovider - IRF		N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF		N	N	N	N	159.00
160.00	HOME HEALTH AGENCY		N	N	N	N	160.00
161.00	CMHC			N	N	N	161.00
		1.00		2.00		3.00	
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
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		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		2.00		3.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y
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)						
168.01	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)						
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:49 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: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 2:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		09/15/2021		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N		Legal Oper.			
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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.	Y					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/03/2021	Y	11/03/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 2:49 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		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.	Y		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.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-451-8283	PATRICK.GILLILAND@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/29/2021 2:49 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.	REGIONAL DIRECTOR OF REIMBURSEMENT	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: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 2:49 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	166	60,590	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)		166	60,590	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	41	14,965	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)		207	75,555	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,155		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		254			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)		17	6,205			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: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 2:49 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)	23,147	2,415	47,527			1.00
2.00	HMO and other (see instructions)	12,477	6,470				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	9	383				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)	23,147	2,415	47,527			7.00
8.00	INTENSIVE CARE UNIT	2,847	510	10,795			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		196	1,765			13.00
14.00	Total (see instructions)	25,994	3,121	60,087	69.29	1,037.85	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	5,045	306	8,363	0.00	41.22	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			203			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)				69.29	1,079.07	27.00
28.00	Observation Bed Days		369	3,320			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	286	537			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: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 2:49 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	4,324	575	11,260	1.00
2.00 HMO and other (see instructions)			1,747	1,748		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				27		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	4,324	575	11,260	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	377	17	595	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 2:49 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	93,135,466	-8,348,060	84,787,406	2,244,460.34	37.78
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	4.00
4.01	Physicians - Part A - Teaching		665,255	0	665,255	5,540.00	120.08
5.00	Physician and Non Physician-Part B		2,236,029	0	2,236,029	17,986.00	124.32
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	5,034,665	5,034,665	166,500.00	30.24
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,004,284	-435,581	3,568,703	101,976.00	35.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,715,498	0	8,715,498	39,460.00	220.87
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		317,277	0	317,277	3,401.00	93.29
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	14.00
14.01	Home office salaries		98,068,981	0	98,068,981	1,451,103.00	67.58
14.02	Related organization salaries		0	0	0	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,519,823	0	16,519,823		17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas		907,672	0	907,672		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		118,949	0	118,949		22.01
23.00	Physician Part B		391,707	0	391,707		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		1,833,098	0	1,833,098		25.00
25.50	Home office wage-related (core)		0	0	0		25.50
25.51	Related organization wage-related (core)		0	0	0		25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 2:49 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	1,008,740	-810	1,007,930	33,172.00	30.38	26.00
27.00	Administrative & General	5.00	4,534,283	379,055	4,913,338	118,302.00	41.53	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	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	-37,081	37,081	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,853,825	0	3,853,825	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,861,999	-2,432,002	1,429,997	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,742,157	420,953	2,163,110	44,691.00	48.40	38.00
39.00	Central Services and Supply	14.00	342,738	-33,023	309,715	15,602.00	19.85	39.00
40.00	Pharmacy	15.00	2,982,320	-117,923	2,864,397	58,174.00	49.24	40.00
41.00	Medical Records & Medical Records Library	16.00	879,658	0	879,658	19,631.00	44.81	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: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 2:49 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)	97,950,006	-15,814,727	82,135,279	2,054,434.34	39.98	1.00
2.00	Excluded area salaries (see instructions)	4,004,284	-435,581	3,568,703	101,976.00	35.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,945,722	-15,379,146	78,566,576	1,952,458.34	40.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	107,101,756	0	107,101,756	1,493,964.00	71.69	4.00
5.00	Subtotal wage-related costs (see inst.)	16,519,823	0	16,519,823	0.00	21.03	5.00
6.00	Total (sum of lines 3 thru 5)	217,567,301	-15,379,146	202,188,155	3,446,422.34	58.67	6.00
7.00	Total overhead cost (see instructions)	19,168,639	-1,746,669	17,421,970	289,572.00	60.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 2:49 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,590,415	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)		2,165,744	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8,186,324	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		147,769	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		42,937	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)		387,341	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		924,216	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		6,148,945	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		68,378	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		109,179	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,771,248	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: 14-0117

 Period:
 From 07/01/2020
 To 06/30/2021

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2021 2:49 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	8,715,498	19,771,250	1.00
2.00	Hospital	8,715,498	16,519,823	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	3,251,427	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-5

Date/Time Prepared:
11/29/2021 2:49 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	312	0					5.00			
6.00	Number of stations	12	0	0		0		6.00			
7.00	Treatment capacity per day per station	3	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
						Prior to 1/1	After 12/31				
						1.00	2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						5		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
						MCP	INITIAL METHOD				
						1.00	2.00				
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-5

Date/Time Prepared:
11/29/2021 2:49 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142335	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 2:49 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)			0.153712 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	18,843,123		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		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	0		5.00
6.00	Medicaid charges	196,370,106		6.00
7.00	Medicaid cost (line 1 times line 6)	30,184,442		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)	11,341,319		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	11,341,319		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)	37,588,065	3,139,997	40,728,062 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,777,737	3,139,997	8,917,734 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	5,777,737	3,139,997	8,917,734 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)	3,652,995		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,116,247		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,717,304		27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,935,691		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	898,596		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,816,330		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	21,157,649		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/29/2021 2:49 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		55,440	55,440	9,505,369	9,560,809	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,041,848	4,041,848	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,008,740	13,547,106	14,555,846	-28,964	14,526,882	4.00
5.10	01160	COMMUNICATIONS	0	195,153	195,153	-28	195,125	5.10
5.20	00550	DATA PROCESSING	0	0	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	4,534,283	78,859,770	83,394,053	-2,464,188	80,929,865	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	31,188	31,188	-30,226	962	6.00
7.00	00700	OPERATION OF PLANT	0	7,624,730	7,624,730	-706,206	6,918,524	7.00
7.01	00701	ELECTRICITY	0	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	827,426	827,426	-160	827,266	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	-37,081	5,047,481	5,010,400	-10,871	4,999,529	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	6,042,595	6,042,595	-3,496,840	2,545,755	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	3,154,974	3,154,974	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,742,157	2,216,276	3,958,433	-606,366	3,352,067	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,738	2,293,084	2,635,822	-1,545,511	1,090,311	14.00
15.00	01500	PHARMACY	2,982,320	11,482,979	14,465,299	-11,012,431	3,452,868	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	879,658	849,063	1,728,721	-1,351	1,727,370	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	5,034,665	5,034,665	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,567,674	3,678,042	8,245,716	-2,716,220	5,529,496	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	131,612	14,340	145,952	77,750	223,702	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,428,810	6,346,660	28,775,470	-2,716,225	26,059,245	30.00
31.00	03100	INTENSIVE CARE UNIT	7,644,820	2,511,652	10,156,472	-1,277,804	8,878,668	31.00
41.00	04100	SUBPROVIDER - IRF	2,946,589	537,115	3,483,704	-236,879	3,246,825	41.00
43.00	04300	NURSERY	860,566	1,540,056	2,400,622	-73,065	2,327,557	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,578,538	19,472,258	23,050,796	-11,925,968	11,124,828	50.00
50.01	03330	AMBULATORY SURGERY	2,216,748	1,082,851	3,299,599	-598,815	2,700,784	50.01
51.00	05100	RECOVERY ROOM	828,140	113,346	941,486	-46,006	895,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	140,920	2,029,541	2,170,461	-335,745	1,834,716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,605,761	4,039,849	8,645,610	-3,074,353	5,571,257	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	810,072	440,391	1,250,463	73,456	1,323,919	55.00
56.00	05600	RADIOISOTOPE	326,319	632,798	959,117	56,327	1,015,444	56.00
57.00	05700	CT SCAN	723,493	328,548	1,052,041	-30,163	1,021,878	57.00
58.00	05800	MRI	416,489	395,314	811,803	-209,650	602,153	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,224,278	9,168,328	11,392,606	-5,634,635	5,757,971	59.00
60.00	06000	LABORATORY	0	11,293,268	11,293,268	-251,305	11,041,963	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	953,618	953,618	0	953,618	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,424,924	924,894	3,349,818	-621,897	2,727,921	65.00
66.00	06600	PHYSICAL THERAPY	2,928,833	276,730	3,205,563	-158,923	3,046,640	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	363,535	34,295	397,830	-1,627	396,203	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,506,030	132,778	1,638,808	65,349	1,704,157	67.00
68.00	06800	SPEECH PATHOLOGY	1,059,964	573,411	1,633,375	-450,021	1,183,354	68.00
69.00	06900	ELECTROCARDIOLOGY	1,335,865	275,054	1,610,919	-261,093	1,349,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	69,811	881,493	951,304	-57,599	893,705	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,618,515	11,618,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,403,645	14,403,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,401,184	11,401,184	73.00
74.00	07400	RENAL DIALYSIS	302	1,357,695	1,357,997	-18,327	1,339,670	74.00
76.97	07697	CARDIAC REHABILITATION	285,635	48,643	334,278	58,179	392,457	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 2:49 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	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	234,235	65,541	299,776	-3,347	296,429	90.00
90.01	09001	WELLNESS PROGRAM	165,992	16,724	182,716	-125	182,591	90.01
90.02	09002	WOUND CARE CENTER	210,221	843,247	1,053,468	-407,135	646,333	90.02
91.00	09100	EMERGENCY	10,164,938	2,501,975	12,666,913	-400,098	12,266,815	91.00
91.01	04040	FAMILY PRACTICE	3,299,085	435,057	3,734,142	-3,013,401	720,741	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,256,369	599,346	2,855,715	-337,919	2,517,796	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,481,266	4,481,266	-4,481,266	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,209,383	207,098,415	299,307,798	248,508	299,556,306	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	167,019	8,086	175,105	-4,345	170,760	192.00
193.00	19300	NONPAID WORKERS	0	293	293	290,873	291,166	193.00
194.00	07950	OTHER	759,064	58,346	817,410	-535,036	282,374	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	93,135,466	207,165,140	300,300,606	0	300,300,606	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/29/2021 2:49 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	-16,692,911	-7,132,102	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,354,498	13,396,346	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-61,547	14,465,335	4.00	
5.10	01160	COMMUNICATIONS	0	195,125	5.10	
5.20	00550	DATA PROCESSING	13,510,682	13,510,682	5.20	
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	5.30	
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,323,330	1,323,330	5.50	
5.60	00592	ADMINISTRATION & GENERAL	-40,714,835	40,215,030	5.60	
5.90	00593	RNP ADMINISTRATION	0	0	5.90	
6.00	00600	MAINTENANCE & REPAIRS	0	962	6.00	
7.00	00700	OPERATION OF PLANT	6,972,689	13,891,213	7.00	
7.01	00701	ELECTRICITY	0	0	7.01	
7.02	00702	RNP OPERATION OF PLANT	0	0	7.02	
8.00	00800	LAUNDRY & LINEN SERVICE	23,158	850,424	8.00	
8.01	00801	RNP LAUNDRY	0	0	8.01	
9.00	00900	HOUSEKEEPING	0	4,999,529	9.00	
9.01	00901	RNP HOSUEKEEPING	0	0	9.01	
10.00	01000	DIETARY	0	2,545,755	10.00	
10.01	01001	RNP DIETARY	0	0	10.01	
11.00	01100	CAFETERIA	-966,337	2,188,637	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	249,779	3,601,846	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	-73,961	1,016,350	14.00	
15.00	01500	PHARMACY	79,789	3,532,657	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	97,596	1,824,966	16.00	
17.00	01700	SOCIAL SERVICE	0	0	17.00	
17.01	01701	RNP SOCIAL SERVICE	0	0	17.01	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5,034,665	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-79,250	5,450,246	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	223,702	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	-996,386	25,062,859	30.00	
31.00	03100	INTENSIVE CARE UNIT	738,134	9,616,802	31.00	
41.00	04100	SUBPROVIDER - IRF	0	3,246,825	41.00	
43.00	04300	NURSERY	-1,396,060	931,497	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	-1,894,203	9,230,625	50.00	
50.01	03330	AMBULATORY SURGERY	0	2,700,784	50.01	
51.00	05100	RECOVERY ROOM	0	895,480	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	-1,646,105	188,611	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	-561,577	5,009,680	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	-196,717	1,127,202	55.00	
56.00	05600	RADIOISOTOPE	0	1,015,444	56.00	
57.00	05700	CT SCAN	0	1,021,878	57.00	
58.00	05800	MRI	0	602,153	58.00	
59.00	05900	CARDIAC CATHETERIZATION	-238,489	5,519,482	59.00	
60.00	06000	LABORATORY	395,946	11,437,909	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	953,618	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	2,727,921	65.00	
66.00	06600	PHYSICAL THERAPY	0	3,046,640	66.00	
66.01	06601	RNRC PHYSICAL THERAPY	0	0	66.01	
66.02	06602	DAY REHABILITATION FACILITY	0	396,203	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	1,704,157	67.00	
68.00	06800	SPEECH PATHOLOGY	-21,052	1,162,302	68.00	
69.00	06900	ELECTROCARDIOLOGY	225,000	1,574,826	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	-746,216	147,489	70.00	
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,618,515	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,403,645	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,401,184	73.00	
74.00	07400	RENAL DIALYSIS	0	1,339,670	74.00	
76.97	07697	CARDIAC REHABILITATION	-5,520	386,937	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	296,429	90.00	
90.01	09001	WELLNESS PROGRAM	-25,825	156,766	90.01	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet A
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	WOUND CARE CENTER	-1,951	644,382	90.02
91.00	09100	EMERGENCY	-1,185,852	11,080,963	91.00
91.01	04040	FAMILY PRACTICE	-107,872	612,869	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,517,796	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-34,642,065	264,914,241	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	170,760	192.00
193.00	19300	NONPAID WORKERS	0	291,166	193.00
194.00	07950	OTHER	0	282,374	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-34,642,065	265,658,541	200.00

RECLASSIFICATIONS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/29/2021 2:49 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
B - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,401,184	1.00	
2.00	ADMINISTRATION & GENERAL	5.60	0	248	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,192	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	
TOTALS			0	11,402,624		
C - SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,618,515	1.00	
2.00	ADMINISTRATION & GENERAL	5.60	0	531,773	2.00	
3.00	OPERATION OF PLANT	7.00	0	4,722	3.00	
4.00	DIETARY	10.00	0	11,816	4.00	
5.00	PHARMACY	15.00	0	41,626	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	142,392	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	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	

RECLASSIFICATIONS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/29/2021 2:49 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
TOTALS		0	12,350,844		
D - IMPLANTS					
1.00 IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,403,645		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
TOTALS		0	14,403,645		
E - CAPITAL INTEREST					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	4,481,266		1.00
2.00	0.00	0	0		2.00
TOTALS		0	4,481,266		
F - CAFETERIA					
1.00 CAFETERIA	11.00	0	3,154,974		1.00
2.00 NONPAID WORKERS	193.00	0	290,885		2.00
TOTALS		0	3,445,859		
H - CONTRACTED SERVICES IN SALARY					
1.00 NURSING ADMINISTRATION	13.00	420,953	0		1.00
2.00 PHARMACY	15.00	0	40,173		2.00
3.00 ADULTS & PEDIATRICS	30.00	0	291,275		3.00
4.00 INTENSIVE CARE UNIT	31.00	0	958,818		4.00
5.00 SUBPROVIDER - IRF	41.00	0	16,591		5.00
6.00 NURSERY	43.00	0	3		6.00
7.00 RADIOLOGY-DIAGNOSTIC	54.00	0	337,722		7.00
8.00 RADIOLOGY-THERAPEUTIC	55.00	9,657	0		8.00
9.00 CARDIAC CATHETERIZATION	59.00	0	202,595		9.00
10.00 RESPIRATORY THERAPY	65.00	0	45,185		10.00
11.00 EMERGENCY	91.00	0	6,521,915		11.00
12.00 OBSERVATION BEDS (DISTINCT PART)	92.01	0	179,863		12.00
13.00 CENTRAL SERVICES & SUPPLY	14.00	0	33,023		13.00
14.00 ELECTROCARDIOLOGY	69.00	0	32,582		14.00
15.00 OPERATING ROOM	50.00	0	124,317		15.00
16.00 RECOVERY ROOM	51.00	0	30,879		16.00
17.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	810		17.00
18.00 HOUSEKEEPING	9.00	37,081	0		18.00
TOTALS		467,691	8,815,751		
I - RADIOLOGY ADMIN					
1.00 RADIOLOGY-THERAPEUTIC	55.00	111,975	25,335		1.00
2.00 RADIOISOTOPE	56.00	135,840	30,734		2.00
3.00 CT SCAN	57.00	100,006	22,627		3.00
4.00 MRI	58.00	57,571	13,026		4.00
TOTALS		405,392	91,722		
J - PHARMACY RESIDENTS					
1.00 PARAMED ED PRGM-(SPECIFY)	23.00	77,750	0		1.00
TOTALS		77,750	0		
K - THERAPY SUPV					
1.00 OCCUPATIONAL THERAPY	67.00	73,835	0		1.00
2.00 SPEECH PATHOLOGY	68.00	38,487	0		2.00
TOTALS		112,322	0		
L - RADIOLOGY SUPV					
1.00 RADIOLOGY SUPV	76.97	74,378	0		1.00
2.00 RADIOLOGY SUPV	70.00	10,902	0		2.00
TOTALS		85,280	0		
M - DEPRECIATION					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	5,024,103		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	4,041,848		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

RECLASSIFICATIONS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/29/2021 2:49 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			0	9,065,951	
O - I & R					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	5,034,665	0	1.00
2.00		0.00	0	0	2.00
TOTALS			5,034,665	0	
P - RESIDENT SALARIES					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,066,615	0	1.00
TOTALS			1,066,615	0	
Q - FAMILY PRACTICE CENTER					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	339,822	275,292	1.00
TOTALS			339,822	275,292	
R - OB PHYS RECLASS					
1.00	ADMINISTRATION & GENERAL	5.60	379,055	273,647	1.00
TOTALS			379,055	273,647	
S - MAPPING CORRECTIONS					
1.00	EMERGENCY	91.00	496,740	38,296	1.00
TOTALS			496,740	38,296	
500.00	Grand Total: Increases		8,465,332	64,644,897	500.00

RECLASSIFICATIONS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/29/2021 2:49 pm

		Decreases					11/29/2022 2:45 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	B - DRUGS							
1.00	OPERATION OF PLANT	7.00	0	114	0		1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	0	2	0		2.00	
3.00	HOUSEKEEPING	9.00	0	1	0		3.00	
4.00	DIETARY	10.00	0	25,330	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	35	0		5.00	
6.00	PHARMACY	15.00	0	10,739,177	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	131,037	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	51,111	0		8.00	
9.00	SUBPROVIDER - IRF	41.00	0	3,837	0		9.00	
10.00	NURSERY	43.00	0	504	0		10.00	
11.00	OPERATING ROOM	50.00	0	68,835	0		11.00	
12.00	AMBULATORY SURGERY	50.01	0	15,257	0		12.00	
13.00	RECOVERY ROOM	51.00	0	4,101	0		13.00	
14.00	ANESTHESIOLOGY	53.00	0	21,274	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,797	0		15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,683	0		16.00	
17.00	RADIOISOTOPE	56.00	0	1,648	0		17.00	
18.00	CT SCAN	57.00	0	109,951	0		18.00	
19.00	MRI	58.00	0	1,374	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	66,060	0		20.00	
21.00	LABORATORY	60.00	0	945	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	801	0		22.00	
23.00	SPEECH PATHOLOGY	68.00	0	3	0		23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	14,492	0		24.00	
25.00	RENAL DIALYSIS	74.00	0	6,711	0		25.00	
26.00	WOUND CARE CENTER	90.02	0	4,046	0		26.00	
27.00	EMERGENCY	91.00	0	38,791	0		27.00	
28.00	FAMILY PRACTICE	91.01	0	28,663	0		28.00	
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	10,732	0		29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,312	0		30.00	
	TOTALS		0	11,402,624				
	C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,813	0		1.00	
2.00	COMMUNICATIONS	5.10	0	28	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	259	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	158	0		4.00	
5.00	HOUSEKEEPING	9.00	0	8,276	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	11,931	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,515,367	0		7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,351	0		8.00	
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	472	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	2,496,388	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	1,132,448	0		11.00	
12.00	SUBPROVIDER - IRF	41.00	0	211,299	0		12.00	
13.00	NURSERY	43.00	0	32,038	0		13.00	
14.00	OPERATING ROOM	50.00	0	2,792,372	0		14.00	
15.00	AMBULATORY SURGERY	50.01	0	436,445	0		15.00	
16.00	RECOVERY ROOM	51.00	0	41,905	0		16.00	
17.00	ANESTHESIOLOGY	53.00	0	296,084	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	768,968	0		18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,300	0		19.00	
20.00	RADIOISOTOPE	56.00	0	108,599	0		20.00	
21.00	CT SCAN	57.00	0	42,170	0		21.00	
22.00	MRI	58.00	0	20,289	0		22.00	
23.00	LABORATORY	60.00	0	111,010	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	485,319	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	45,151	0		25.00	
26.00	DAY REHABILITATION FACILITY	66.02	0	1,627	0		26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	8,486	0		27.00	
28.00	SPEECH PATHOLOGY	68.00	0	477,433	0		28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	65,410	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,724	0		30.00	
31.00	RENAL DIALYSIS	74.00	0	11,616	0		31.00	
32.00	CARDIAC REHABILITATION	76.97	0	5,486	0		32.00	
33.00	CLINIC	90.00	0	3,347	0		33.00	
34.00	WELLNESS PROGRAM	90.01	0	125	0		34.00	
35.00	WOUND CARE CENTER	90.02	0	64,804	0		35.00	
36.00	EMERGENCY	91.00	0	809,543	0		36.00	
37.00	FAMILY PRACTICE	91.01	0	7,571	0		37.00	
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	327,187	0		38.00	

RECLASSIFICATIONS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/29/2021 2:49 pm

	Decreases						11/29/2021 2:49 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	33	0		39.00
40.00	NONPAID WORKERS	193.00	0	12	0		40.00
	TOTALS		0	12,350,844			
D - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,516	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,786	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	18,464	0		3.00
4.00	OPERATING ROOM	50.00	0	8,165,615	0		4.00
5.00	AMBULATORY SURGERY	50.01	0	49,091	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157,886	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	5,674,890	0		7.00
8.00	SPEECH PATHOLOGY	68.00	0	740	0		8.00
9.00	WOUND CARE CENTER	90.02	0	324,885	0		9.00
10.00	EMERGENCY	91.00	0	4,772	0		10.00
	TOTALS		0	14,403,645			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,481,266	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	4,481,266			
F - CAFETERIA							
1.00	DIETARY	10.00	0	3,445,859	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	3,445,859			
H - CONTRACTED SERVICES IN SALARY							
1.00	NURSING ADMINISTRATION	13.00	0	420,953	0		1.00
2.00	PHARMACY	15.00	40,173	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	291,275	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	958,818	0	0		4.00
5.00	SUBPROVIDER - IRF	41.00	16,591	0	0		5.00
6.00	NURSERY	43.00	3	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	337,722	0	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,657	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	202,595	0	0		9.00
10.00	RESPIRATORY THERAPY	65.00	45,185	0	0		10.00
11.00	EMERGENCY	91.00	6,521,915	0	0		11.00
12.00	OBSERVATION BEDS (DISTINCT PART)	92.01	179,863	0	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	33,023	0	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	32,582	0	0		14.00
15.00	OPERATING ROOM	50.00	124,317	0	0		15.00
16.00	RECOVERY ROOM	51.00	30,879	0	0		16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	810	0	0		17.00
18.00	HOUSEKEEPING	9.00	0	37,081	0		18.00
	TOTALS		8,815,751	467,691			
I - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	405,392	91,722	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		405,392	91,722			
J - PHARMACY RESIDENTS							
1.00	PHARMACY	15.00	77,750	0	0		1.00
	TOTALS		77,750	0			
K - THERAPY SUPV							
1.00	PHYSICAL THERAPY	66.00	112,322	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		112,322	0			
L - RADIOLOGY SUPV							
1.00	RESPIRATORY THERAPY	65.00	85,280	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		85,280	0			
M - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,151	9		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	3,648,911	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	29,967	0		3.00
4.00	OPERATION OF PLANT	7.00	0	710,814	0		4.00
5.00	HOUSEKEEPING	9.00	0	2,594	0		5.00
6.00	DIETARY	10.00	0	37,467	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	594,400	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,820	0		8.00
9.00	PHARMACY	15.00	0	237,130	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	86,014	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	75,781	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	21,743	0		12.00

RECLASSIFICATIONS

Provider CCN: 14-0117

Period:
From 07/01/2020
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Worksheet A-6

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
13.00	NURSERY	43.00	0	40,523	0		13.00
14.00	OPERATING ROOM	50.00	0	899,146	0		14.00
15.00	AMBULATORY SURGERY	50.01	0	98,022	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	18,387	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,601,588	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	55,871	0		18.00
19.00	CT SCAN	57.00	0	675	0		19.00
20.00	MRI	58.00	0	258,584	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	36,077	0		21.00
22.00	LABORATORY	60.00	0	139,350	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	50,497	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	1,450	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	10,332	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	181,191	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	65,777	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	10,713	0		28.00
29.00	WOUND CARE CENTER	90.02	0	13,400	0		29.00
30.00	EMERGENCY	91.00	0	82,028	0		30.00
31.00	FAMILY PRACTICE	91.01	0	5,548	0		31.00
	TOTALS		0	9,065,951			
O - I & R							
1.00	I&R SERVICES-OTHER PRGM	22.00	3,744,775	0	0		1.00
	COSTS APPRV						
2.00	FAMILY PRACTICE	91.01	1,289,890	0	0		2.00
	TOTALS		5,034,665	0			
P - RESIDENT SALARIES							
1.00	FAMILY PRACTICE	91.01	1,066,615	0	0		1.00
	TOTALS		1,066,615	0			
Q - FAMILY PRACTICE CENTER							
1.00	FAMILY PRACTICE	91.01	339,822	275,292	0		1.00
	TOTALS		339,822	275,292			
R - OB PHYS RECLASS							
1.00	I&R SERVICES-OTHER PRGM	22.00	379,055	273,647	0		1.00
	COSTS APPRV						
	TOTALS		379,055	273,647			
S - MAPPING CORRECTIONS							
1.00	OTHER	194.00	496,740	38,296	0		1.00
	TOTALS		496,740	38,296			
500.00	Grand Total: Decreases		16,813,392	56,296,837			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,590,000	0	0	0	0	1.00	
2.00	Land Improvements	2,279,000	0	0	0	0	2.00	
3.00	Buildings and Fixtures	99,935,868	0	0	0	35,850	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	6,263,011	1,136,116	0	1,136,116	0	5.00	
6.00	Movable Equipment	27,021,164	5,521,993	0	5,521,993	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	181,089,043	6,658,109	0	6,658,109	35,850	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	181,089,043	6,658,109	0	6,658,109	35,850	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,590,000	0				1.00	
2.00	Land Improvements	2,279,000	0				2.00	
3.00	Buildings and Fixtures	99,900,018	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	7,399,127	0				5.00	
6.00	Movable Equipment	32,543,157	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	187,711,302	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	187,711,302	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 2:49 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	55,440	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)	55,440	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	55,440				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	55,440				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 2:49 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	102,179,018	0	102,179,018	0.718956	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,942,285	0	39,942,285	0.281044	0	2.00
3.00	Total (sum of lines 1-2)	142,121,303	0	142,121,303	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	5,984,605	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,801,626	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,786,231	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	-13,116,707	0	0	0	-7,132,102	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,594,720	0	0	0	13,396,346	2.00
3.00	Total (sum of lines 1-2)	-4,521,987	0	0	0	6,264,244	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 2:49 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-17,654,040	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,469,898			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	-5,809,925			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-966,337	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		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	A	905,062	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	759,778	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-628,832	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC REVENUE	B	-540,045	ADMINISTRATION & GENERAL	5.60	0	33.01
33.02	MISC REVENUE	B	-1,265	PHARMACY	15.00	0	33.02
33.07	ALCOHOL COST		0		0.00	0	33.07
33.12	MISC REVENUE	B	0	ADULTS & PEDIATRICS	30.00	0	33.12
33.16	MISC REVENUE	B	-73,961	CENTRAL SERVICES & SUPPLY	14.00	0	33.16
33.19	MISC REVENUE	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	MISC REVENUE	B	-79,250	I&R SERVICES-OTHER PRGM	22.00	0	33.20
				COSTS APPRV			
33.25	MISC REVENUE	B	-2,115	ADULTS & PEDIATRICS	30.00	0	33.25
33.50	MISC REVENUE	B	-7,162	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
40.00	MISC REVENUE	B	0	CARDIAC CATHETERIZATION	59.00	0	40.00
41.00	MISC REVENUE	B	-21,052	SPEECH PATHOLOGY	68.00	0	41.00
43.00	MISC REVENUE	B	-5,520	CARDIAC REHABILITATION	76.97	0	43.00
44.00	MISC REVENUE	B	-25,825	WELLNESS PROGRAM	90.01	0	44.00
45.00	MISC REVENUE	B	-21,678	FAMILY PRACTICE	91.01	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,642,065				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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 2:49 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	56,067	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST REPORT	8,594,720	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST REPORT	567,285	0	3.00
3.01	5.20	DATA PROCESSING	HOME OFFICE COST REPORT	13,510,682	0	3.01
3.02	5.50	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COST REPORT	1,323,330	0	3.02
3.03	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST REPORT	4,080,008	43,094,787	3.03
3.04	7.00	OPERATION OF PLANT	HOME OFFICE COST REPORT	6,972,689	0	3.04
3.05	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COST REPORT	23,158	0	3.05
3.06	13.00	NURSING ADMINISTRATION	HOME OFFICE COST REPORT	249,779	0	3.06
3.07	15.00	PHARMACY	HOME OFFICE COST REPORT	81,054	0	3.07
3.08	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	97,596	0	3.08
3.09	31.00	INTENSIVE CARE UNIT	HOME OFFICE COST REPORT	1,103,306	0	3.09
3.10	55.00	RADIOLOGY-THERAPEUTIC	HOME OFFICE COST REPORT	199,242	0	3.10
3.11	0.00			0	0	3.11
3.12	0.00			0	0	3.12
3.13	0.00			0	0	3.13
3.14	0.00			0	0	3.14
3.15	0.00			0	0	3.15
3.16	0.00			0	0	3.16
3.17	0.00			0	0	3.17
3.18	0.00			0	0	3.18
3.19	0.00			0	0	3.19
3.20	0.00			0	0	3.20
4.00	60.00	LABORATORY	ALVERNO	11,179,839	10,753,893	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			48,038,755	53,848,680	5.00

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

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

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

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

6.00	B		100.00	PRESENCE CARE	100.00	6.00
7.00	C		66.67	ALVERNO	100.00	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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 2:49 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	56,067	11		1.00
2.00	8,594,720	11		2.00
3.00	567,285	0		3.00
3.01	13,510,682	0		3.01
3.02	1,323,330	0		3.02
3.03	-39,014,779	0		3.03
3.04	6,972,689	0		3.04
3.05	23,158	0		3.05
3.06	249,779	0		3.06
3.07	81,054	0		3.07
3.08	97,596	0		3.08
3.09	1,103,306	0		3.09
3.10	199,242	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
4.00	425,946	0		4.00
5.00	-5,809,925	0		5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	LAB		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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 2:49 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	5.60	ADMINISTRATION & GENERAL	1,272,675	1,113,335	159,339	211,500	1,108	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,078,271	994,271	84,000	179,000	1,582	2.00
3.00	31.00	INTENSIVE CARE UNIT	365,172	365,172	0	0	0	3.00
4.00	43.00	NURSERY	1,396,060	1,396,060	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,894,203	1,894,203	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,646,105	1,646,105	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	554,415	554,415	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	395,959	395,959	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	238,489	238,489	0	0	0	9.00
10.00	60.00	LABORATORY	30,000	30,000	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	-225,000	-225,000	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	746,916	746,216	700	211,500	120	12.00
13.00	90.02	WOUND CARE CENTER	13,238	0	13,238	211,500	111	13.00
14.00	91.00	EMERGENCY	1,234,660	1,174,660	60,000	211,500	480	14.00
15.00	91.01	FAMILY PRACTICE	86,194	86,194	0	0	0	15.00
200.00			10,727,357	10,410,079	317,277		3,401	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	5.60	ADMINISTRATION & GENERAL	112,664	5,633	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	136,143	6,807	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	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	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	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	12,202	610	0	0	0	12.00
13.00	90.02	WOUND CARE CENTER	11,287	564	0	0	0	13.00
14.00	91.00	EMERGENCY	48,808	2,440	0	0	0	14.00
15.00	91.01	FAMILY PRACTICE	0	0	0	0	0	15.00
200.00			321,104	16,054	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	5.60	ADMINISTRATION & GENERAL	0	112,664	46,675	1,160,011		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	136,143	0	994,271		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	365,172		3.00
4.00	43.00	NURSERY	0	0	0	1,396,060		4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,894,203		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,646,105		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	554,415		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	395,959		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	238,489		9.00
10.00	60.00	LABORATORY	0	0	0	30,000		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	-225,000		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	12,202	0	746,216		12.00
13.00	90.02	WOUND CARE CENTER	0	11,287	1,951	1,951		13.00
14.00	91.00	EMERGENCY	0	48,808	11,192	1,185,852		14.00
15.00	91.01	FAMILY PRACTICE	0	0	0	86,194		15.00
200.00			0	321,104	59,818	10,469,898		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.10
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,132,102	-7,132,102			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,396,346		13,396,346		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,465,335	0	59,030	14,524,365	4.00
5.10	01160	COMMUNICATIONS	195,125	0	0	0	5.10
5.20	00550	DATA PROCESSING	13,510,682	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,323,330	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	40,215,030	0	316,039	851,796	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	962	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	13,891,213	0	158,676	0	7.00
7.01	00701	ELECTRICITY	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	850,424	0	0	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	4,999,529	0	7,899	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	2,545,755	0	26,800	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	2,188,637	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,601,846	0	915,132	375,005	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,016,350	0	203,790	53,693	14.00
15.00	01500	PHARMACY	3,532,657	0	36,382	496,583	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,824,966	0	4,084	152,501	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,034,665	0	0	872,830	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,450,246	0	0	320,772	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	223,702	0	0	36,296	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,062,859	0	431,384	3,837,871	30.00
31.00	03100	INTENSIVE CARE UNIT	9,616,802	0	216,939	1,159,112	31.00
41.00	04100	SUBPROVIDER - IRF	3,246,825	0	64,862	507,956	41.00
43.00	04300	NURSERY	931,497	0	120,900	149,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,230,625	0	3,141,394	598,838	50.00
50.01	03330	AMBULATORY SURGERY	2,700,784	0	222,610	384,304	50.01
51.00	05100	RECOVERY ROOM	895,480	0	0	138,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	188,611	0	220,793	24,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,009,680	0	3,901,286	669,644	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,127,202	0	262,330	161,524	55.00
56.00	05600	RADIOISOTOPE	1,015,444	0	27,701	80,122	56.00
57.00	05700	CT SCAN	1,021,878	0	134,104	142,765	57.00
58.00	05800	MRI	602,153	0	951,621	82,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,519,482	0	544,499	350,487	59.00
60.00	06000	LABORATORY	11,437,909	0	486,581	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	953,618	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,727,921	0	73,952	397,777	65.00
66.00	06600	PHYSICAL THERAPY	3,046,640	0	4,326	488,282	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	396,203	0	3,091	63,024	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,704,157	0	0	273,892	67.00
68.00	06800	SPEECH PATHOLOGY	1,162,302	0	30,735	190,432	68.00
69.00	06900	ELECTROCARDIOLOGY	1,574,826	0	250,395	225,942	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,489	0	236,097	13,993	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,618,515	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,403,645	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,401,184	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,339,670	0	0	52	74.00
76.97	07697	CARDIAC REHABILITATION	386,937	0	31,639	62,413	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
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	Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.10	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	296,429	0	0	40,608	5,629	90.00
90.01	09001	WELLNESS PROGRAM	156,766	0	0	28,777	469	90.01
90.02	09002	WOUND CARE CENTER	644,382	0	39,974	36,445	0	90.02
91.00	09100	EMERGENCY	11,080,963	0	267,163	717,686	5,629	91.00
91.01	04040	FAMILY PRACTICE	612,869	0	4,138	104,497	9,850	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,517,796	0	0	359,991	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	264,914,241	0	13,396,346	14,449,932	194,656	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	469	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	170,760	0	0	28,955	0	192.00
193.00	19300	NONPAID WORKERS	291,166	0	0	0	0	193.00
194.00	07950	OTHER	282,374	0	0	45,478	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		-7,132,102	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	265,658,541	-7,132,102	13,396,346	14,524,365	195,125	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	13,510,682					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	491,221	496,381				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	516,629	0	1,848,871			5.50
5.60	00592	ADMINISTRATION & GENERAL	1,816,670	30,527	0	43,266,181	43,266,181	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	10	0	5,663	1,080	6.00
7.00	00700	OPERATION OF PLANT	76,224	53	0	14,129,449	2,694,189	7.00
7.01	00701	ELECTRICITY	0	0	0	3,752	715	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	850,893	162,247	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	625	0	5,008,522	955,020	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	42,347	116	0	2,618,301	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	35,995	0	0	2,227,446	424,727	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	309,130	3,344	0	5,213,369	994,080	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	65,636	51,678	0	1,391,616	265,352	14.00
15.00	01500	PHARMACY	798,234	6,737	0	4,874,814	929,525	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,524,477	340	0	3,519,501	671,095	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	5,907,495	1,126,435	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	25,407	69	0	5,801,654	1,106,254	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	259,998	49,576	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	806,701	50,689	255,488	30,463,754	5,808,740	30.00
31.00	03100	INTENSIVE CARE UNIT	182,091	19,427	75,424	11,270,733	2,149,092	31.00
41.00	04100	SUBPROVIDER - IRF	78,342	4,489	27,747	3,931,628	749,679	41.00
43.00	04300	NURSERY	78,342	722	17,153	1,298,743	247,643	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	154,566	193,216	149,827	13,470,811	2,568,601	50.00
50.01	03330	AMBULATORY SURGERY	0	28,035	28,994	3,364,727	641,583	50.01
51.00	05100	RECOVERY ROOM	50,817	216	27,825	1,113,023	212,230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,512	38,799	478,083	91,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,808,200	19,564	99,681	11,517,905	2,196,223	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	101,631	856	35,718	1,694,890	323,180	55.00
56.00	05600	RADIOISOTOPE	232,906	83	18,073	1,376,205	262,413	56.00
57.00	05700	CT SCAN	0	1,055	83,213	1,383,015	263,712	57.00
58.00	05800	MRI	0	392	21,398	1,657,749	316,098	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,919	84,756	6,525,612	1,244,297	59.00
60.00	06000	LABORATORY	2,479,389	24,153	180,937	14,620,226	2,787,770	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	362,063	0	9,621	1,325,771	252,797	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	78,342	1,436	44,814	3,326,587	634,310	65.00
66.00	06600	PHYSICAL THERAPY	120,687	423	34,408	3,699,926	705,498	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	170	3,309	465,797	88,818	66.02
67.00	06700	OCCUPATIONAL THERAPY	205,381	309	14,970	2,201,992	419,874	67.00
68.00	06800	SPEECH PATHOLOGY	0	54	5,147	1,389,139	264,880	68.00
69.00	06900	ELECTROCARDIOLOGY	50,817	1,180	69,324	2,176,705	415,052	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,817	33	1,754	450,652	85,930	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	87,818	11,706,333	2,232,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	98,877	14,502,522	2,765,326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	169,505	11,570,689	2,206,287	73.00
74.00	07400	RENAL DIALYSIS	211,733	198	10,467	1,563,058	298,042	74.00
76.97	07697	CARDIAC REHABILITATION	0	289	3,515	484,793	92,440	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	336,655	2,338	1,750	683,409	130,312	90.00
90.01	09001	WELLNESS PROGRAM	0	179	104	186,295	35,523	90.01

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
90.02	09002	WOUND CARE CENTER	0	575	11,104	732,480	139,669	90.02
91.00	09100	EMERGENCY	207,499	17,973	108,842	12,405,755	2,365,517	91.00
91.01	04040	FAMILY PRACTICE	211,733	947	0	944,034	180,007	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,338	28,509	2,909,634	554,806	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,510,682	496,269	1,848,871	271,971,329	43,109,956	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	469	89	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	57	0	199,772	38,092	192.00
193.00	19300	NONPAID WORKERS	0	26	0	291,192	55,524	193.00
194.00	07950	OTHER	0	29	0	327,881	62,520	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	-7,132,102	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,510,682	496,381	1,848,871	265,658,541	43,266,181	202.00

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	0					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	6,743				6.00
7.00	00700	OPERATION OF PLANT	0	4,841	16,828,479			7.00
7.01	00701	ELECTRICITY	0	0	0	4,467		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	213,851	57	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	56	490,361	130	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	286	710,337	189	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	6	186,011	49	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	550,905	146	0	14.00
15.00	01500	PHARMACY	0	4	349,823	93	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6	148,148	39	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	250,377	66	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29	3,096,064	822	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	657,923	175	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	8	683,202	181	0	41.00
43.00	04300	NURSERY	0	0	119,045	32	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,225	563,080	149	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	448,007	119	0	50.01
51.00	05100	RECOVERY ROOM	0	0	80,663	21	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	76,988	20	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3	1,317,330	350	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1	114,591	30	0	55.00
56.00	05600	RADIOISOTOPE	0	19	96,884	26	0	56.00
57.00	05700	CT SCAN	0	1	47,811	13	0	57.00
58.00	05800	MRI	0	1	108,986	29	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	204,274	54	0	59.00
60.00	06000	LABORATORY	0	121	504,133	134	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	19,637	5	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	83,818	22	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3	277,921	74	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	18	201,601	54	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3	132,706	35	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	126,432	34	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38	397,263	105	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	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
74.00	07400	RENAL DIALYSIS	0	13	36,638	10	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	229,330	61	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	47	48,479	13	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	46,698	12	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	58,576	16	0	90.02

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	572,212	152	0	91.00
91.01	04040	FAMILY PRACTICE	0	9	301,010	80	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	275,582	73	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,743	13,826,697	3,670	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	582,457	155	0	192.00
193.00	19300	NONPAID WORKERS	0	0	2,365,834	628	0	193.00
194.00	07950	OTHER	0	0	53,491	14	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	0	6,743	16,828,479	4,467	0	202.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,227,048					8.00
8.01	00801	RNP LAUNDRY	0	0				8.01
9.00	00900	HOUSEKEEPING	0	0	6,454,089			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0		9.01
10.00	01000	DIETARY	0	0	169,645	0	3,498,758	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	42,411	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	23,478	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,443	0	21,206	0	0	14.00
15.00	01500	PHARMACY	0	0	49,985	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	142	0	31,808	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	20,515	0	7,573	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	453,204	0	2,388,160	0	2,722,564	30.00
31.00	03100	INTENSIVE CARE UNIT	109,005	0	345,349	0	304,458	31.00
41.00	04100	SUBPROVIDER - IRF	71,421	0	381,702	0	471,736	41.00
43.00	04300	NURSERY	0	0	52,257	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,835	0	796,726	0	0	50.00
50.01	03330	AMBULATORY SURGERY	65,790	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,248	0	15,147	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,461	0	15,147	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,644	0	148,440	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,770	0	95,425	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	30,294	0	0	56.00
57.00	05700	CT SCAN	32	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,940	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	173,179	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	10,603	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	28,779	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,032	0	45,441	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	967	0	60,588	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,904	0	37,867	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,591	0	9,088	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	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	7,573	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,144	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,017	0	306,472	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	6,892	0	0	0	0	90.02

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	156,138	0	383,721	0	0	91.00
91.01	04040	FAMILY PRACTICE	913	0	72,705	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,227,048	0	5,750,769	0	3,498,758	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5,301	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	573,714	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	121,175	0	0	193.00
194.00	07950	OTHER	0	0	3,130	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,227,048	0	6,454,089	0	3,498,758	202.00

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	0					10.01
11.00	01100	CAFETERIA	0	2,694,584				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	57,537	0	6,474,530		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,087	0	0	2,250,755	14.00
15.00	01500	PHARMACY	0	74,895	0	12,116	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,274	0	79,047	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	214,358	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	47,192	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	7,694	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	817,959	0	3,066,535	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	199,390	0	947,219	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	110,385	0	364,283	0	41.00
43.00	04300	NURSERY	0	24,714	0	133,361	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	111,457	0	206,071	0	50.00
50.01	03330	AMBULATORY SURGERY	0	68,511	0	293,844	0	50.01
51.00	05100	RECOVERY ROOM	0	20,961	0	112,637	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,879	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	146,005	0	97,388	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,848	0	44,810	0	55.00
56.00	05600	RADIOISOTOPE	0	17,912	0	0	0	56.00
57.00	05700	CT SCAN	0	30,637	0	0	0	57.00
58.00	05800	MRI	0	16,437	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,628	0	152,751	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	75,562	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	97,179	0	21	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	12,683	0	7,211	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	52,561	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	33,733	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,874	0	33,055	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,498	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,004,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,245,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6	0	35	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	10,887	0	28,838	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,273	0	4,717	0	90.00
90.01	09001	WELLNESS PROGRAM	0	4,046	0	10,164	0	90.01

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	7,915	0	33,014	0	90.02
91.00	09100	EMERGENCY	0	130,920	0	472,328	0	91.00
91.01	04040	FAMILY PRACTICE	0	14,076	0	25,191	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	76,401	0	293,010	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,681,374	0	6,417,646	2,250,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,827	0	17,097	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	7,383	0	39,787	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	0	2,694,584	0	6,474,530	2,250,755	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,291,255					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,475,060				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
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	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	310,639	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,729	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	24,867	0	0	0	41.00
43.00	04300	NURSERY	0	141,303	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,290	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	13,508	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,910	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,114,059	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	175,505	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	524,842	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	257,074	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	33,676	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	136,749	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	68,419	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	47,140	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	635,400	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	189,379	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	266,467	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	6,291,255	70,158	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	253,317	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	139,629	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,291,255	4,475,060	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	6,291,255	4,475,060	0	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	24.00
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOSUEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	RNP SOCIAL SERVICE					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		7,248,288			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			7,233,631		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				317,268	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,139,692	4,131,321	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	515,547	514,505	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	51,044	50,941	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	449,190	448,281	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,044	50,941	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	102,089	101,882	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	255,221	254,705	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	255,221	254,705	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,044	50,941	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	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	317,268	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
				SERVICES-SALAR	SERVICES-OTHER				
				Y & FRINGES APPRV	PRGM COSTS APPRV				
			20.00	21.00	22.00	23.00	24.00		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	102,089	101,882	0	1,650,027	90.00	
90.01	09001	WELLNESS PROGRAM	0	102,089	101,882	0	486,709	90.01	
90.02	09002	WOUND CARE CENTER	0	0	0	0	978,562	90.02	
91.00	09100	EMERGENCY	0	765,664	764,116	0	18,156,152	91.00	
91.01	04040	FAMILY PRACTICE	0	408,354	407,529	0	2,353,908	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	4,109,506	92.01	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,248,288	7,233,631	317,268	268,039,111	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,859	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,417,114	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	2,834,353	193.00	
194.00	07950	OTHER	0	0	0	0	494,206	194.00	
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	-7,132,102	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	7,248,288	7,233,631	317,268	265,658,541	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOSUEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
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	-8,271,013	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,030,052	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	-101,985	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-897,471	50.00
50.01	03330	AMBULATORY SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-101,985	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	-203,971	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-509,926	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-509,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-101,985	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-203,971	1,446,056	90.00
90.01	09001	WELLNESS PROGRAM	-203,971	282,738	90.01
90.02	09002	WOUND CARE CENTER	0	978,562	90.02
91.00	09100	EMERGENCY	-1,529,780	16,626,372	91.00
91.01	04040	FAMILY PRACTICE	-815,883	1,538,025	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,109,506	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,481,919	253,557,192	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,859	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,417,114	192.00
193.00	19300	NONPAID WORKERS	0	2,834,353	193.00
194.00	07950	OTHER	0	494,206	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-7,132,102	201.00
202.00		TOTAL (sum lines 118 through 201)	-14,481,919	251,176,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,288	0	59,030	62,318	4.00
5.10	01160	COMMUNICATIONS	0	0	0	0	5.10
5.20	00550	DATA PROCESSING	0	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	32,997	0	316,039	349,036	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	554	0	0	554	6.00
7.00	00700	OPERATION OF PLANT	11,446	0	158,676	170,122	7.00
7.01	00701	ELECTRICITY	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,526	0	0	1,526	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	4,195	0	7,899	12,094	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	19,965	0	26,800	46,765	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,060	0	915,132	923,192	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,287	0	203,790	309,077	14.00
15.00	01500	PHARMACY	30,431	0	36,382	66,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,866	0	4,084	42,950	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
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	7,785	0	0	7,785	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,898	0	431,384	461,282	30.00
31.00	03100	INTENSIVE CARE UNIT	11,191	0	216,939	228,130	31.00
41.00	04100	SUBPROVIDER - IRF	15,147	0	64,862	80,009	41.00
43.00	04300	NURSERY	0	0	120,900	120,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	282,604	0	3,141,394	3,423,998	50.00
50.01	03330	AMBULATORY SURGERY	6,745	0	222,610	229,355	50.01
51.00	05100	RECOVERY ROOM	114	0	0	114	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,873	0	220,793	225,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,974	0	3,901,286	3,977,260	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,797	0	262,330	277,127	55.00
56.00	05600	RADIOISOTOPE	3,420	0	27,701	31,121	56.00
57.00	05700	CT SCAN	0	0	134,104	134,104	57.00
58.00	05800	MRI	3,314	0	951,621	954,935	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,126	0	544,499	549,625	59.00
60.00	06000	LABORATORY	22,392	0	486,581	508,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	248	0	0	248	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	57,065	0	73,952	131,017	65.00
66.00	06600	PHYSICAL THERAPY	12,750	0	4,326	17,076	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	859	0	3,091	3,950	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	444	0	30,735	31,179	68.00
69.00	06900	ELECTROCARDIOLOGY	6,348	0	250,395	256,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	394	0	236,097	236,491	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	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
74.00	07400	RENAL DIALYSIS	1,807	0	0	1,807	74.00
76.97	07697	CARDIAC REHABILITATION	2,801	0	31,639	34,440	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,456	0	2,456	174	90.00
90.01	09001	WELLNESS PROGRAM	3,157	0	3,157	123	90.01
90.02	09002	WOUND CARE CENTER	2,672	0	39,974	42,646	156 90.02
91.00	09100	EMERGENCY	14,254	0	267,163	281,417	3,080 91.00
91.01	04040	FAMILY PRACTICE	8,995	0	4,138	13,133	448 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	496	0	496	1,545	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	854,741	0	13,396,346	14,251,087	61,999 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	124	192.00
193.00	19300	NONPAID WORKERS	1,788	0	1,788	0	193.00
194.00	07950	OTHER	0	0	0	195	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		-7,132,102	-7,132,102	0	201.00
202.00		TOTAL (sum lines 118 through 201)	856,529	-7,132,102	13,396,346	7,120,773	62,318 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
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
5.10	01160	COMMUNICATIONS	0					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0		5.50
5.60	00592	ADMINISTRATION & GENERAL	0	0	0	0	352,692	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	9	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	21,957	7.00
7.01	00701	ELECTRICITY	0	0	0	0	6	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,322	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	0	0	0	7,783	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	3,461	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	8,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,163	14.00
15.00	01500	PHARMACY	0	0	0	0	7,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,469	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,180	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	9,016	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	404	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	47,416	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	17,515	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	6,110	41.00
43.00	04300	NURSERY	0	0	0	0	2,018	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	20,934	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	5,229	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	17,899	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,634	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,139	56.00
57.00	05700	CT SCAN	0	0	0	0	2,149	57.00
58.00	05800	MRI	0	0	0	0	2,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	10,141	59.00
60.00	06000	LABORATORY	0	0	0	0	22,720	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	2,060	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,170	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,750	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	724	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,422	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,159	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	700	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	22,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,981	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,429	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	753	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1,062	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	290	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	0	0	1,138	90.02
91.00	09100	EMERGENCY	0	0	0	0	19,279	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	1,467	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	4,522	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	351,418	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	310	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	453	193.00
194.00	07950	OTHER	0	0	0	0	510	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	0	0	0	0	352,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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To 06/30/2021Worksheet B
Part II
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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	0					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	563				6.00
7.00	00700	OPERATION OF PLANT	0	406	192,485			7.00
7.01	00701	ELECTRICITY	0	0	0	6		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,446	0	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	5	5,609	0	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	24	8,125	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,128	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	6,301	0	0	14.00
15.00	01500	PHARMACY	0	0	4,001	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,695	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	2,864	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2	35,409	5	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,525	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	1	7,815	0	0	41.00
43.00	04300	NURSERY	0	0	1,362	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	102	6,441	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	5,124	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	923	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	881	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,068	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,311	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2	1,108	0	0	56.00
57.00	05700	CT SCAN	0	0	547	0	0	57.00
58.00	05800	MRI	0	0	1,247	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,336	0	0	59.00
60.00	06000	LABORATORY	0	10	5,766	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	225	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,179	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	2	2,306	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,518	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,446	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3	4,544	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	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
74.00	07400	RENAL DIALYSIS	0	1	419	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,623	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4	555	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	534	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	670	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	6,545	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1	3,443	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,152	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	563	158,150	5	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,662	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	27,061	1	0	193.00
194.00	07950	OTHER	0	0	612	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	0	563	192,485	6	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	5,294					8.00
8.01	00801	RNP LAUNDRY	0	0				8.01
9.00	00900	HOUSEKEEPING	0	0	25,491			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0		9.01
10.00	01000	DIETARY	0	0	670	0	55,584	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	168	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	93	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6	0	84	0	0	14.00
15.00	01500	PHARMACY	0	0	197	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	126	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	89	0	30	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,955	0	9,430	0	43,253	30.00
31.00	03100	INTENSIVE CARE UNIT	470	0	1,364	0	4,837	31.00
41.00	04100	SUBPROVIDER - IRF	308	0	1,508	0	7,494	41.00
43.00	04300	NURSERY	0	0	206	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	366	0	3,147	0	0	50.00
50.01	03330	AMBULATORY SURGERY	284	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	118	0	60	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19	0	60	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	499	0	586	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	81	0	377	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	120	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	112	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	684	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	42	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	114	0	0	65.00
66.00	06600	PHYSICAL THERAPY	99	0	179	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4	0	239	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	94	0	150	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7	0	36	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	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	30	0	0	73.00
74.00	07400	RENAL DIALYSIS	22	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52	0	1,210	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	30	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	674	0	1,516	0	0	91.00
91.01	04040	FAMILY PRACTICE	4	0	287	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,294	0	22,713	0	55,584	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	21	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,266	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	479	0	0	193.00
194.00	07950	OTHER	0	0	12	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	5,294	0	25,491	0	55,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Date/Time Prepared:
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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	0					10.01
11.00	01100	CAFETERIA	0	3,629				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	77	0	935,201		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27	0	0	317,888	14.00
15.00	01500	PHARMACY	0	101	0	1,750	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34	0	11,418	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	289	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	64	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	10	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,101	0	442,938	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	269	0	136,819	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	149	0	52,618	0	41.00
43.00	04300	NURSERY	0	33	0	19,263	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	150	0	29,766	0	50.00
50.01	03330	AMBULATORY SURGERY	0	92	0	42,444	0	50.01
51.00	05100	RECOVERY ROOM	0	28	0	16,270	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	197	0	14,067	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	46	0	6,473	0	55.00
56.00	05600	RADIOISOTOPE	0	24	0	0	0	56.00
57.00	05700	CT SCAN	0	41	0	0	0	57.00
58.00	05800	MRI	0	22	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	72	0	22,064	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	102	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	131	0	3	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	17	0	1,042	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	71	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	45	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	66	0	4,775	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	141,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	175,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	15	0	4,165	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10	0	681	0	90.00
90.01	09001	WELLNESS PROGRAM	0	5	0	1,468	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	11	0	4,769	0	90.02
91.00	09100	EMERGENCY	0	176	0	68,224	0	91.00
91.01	04040	FAMILY PRACTICE	0	19	0	3,639	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	103	0	42,323	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,611	0	926,984	317,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8	0	2,470	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	10	0	5,747	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	0	3,629	0	935,201	317,888	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	82,568					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62,347				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
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	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,328	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	275	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	346	0	0		41.00
43.00	04300	NURSERY	0	1,969	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	408	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	188	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	333	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,524	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,445	0	0		55.00
56.00	05600	RADIOISOTOPE	0	7,312	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	3,582	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	469	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	1,905	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	953	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	657	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,852	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,638	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,712	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	82,568	977	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,529	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	1,945	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,568	62,347	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	82,568	62,347	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	24.00
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOSUEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	RNP SOCIAL SERVICE					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		13,215			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			21,225		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				570	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT				1,063,579	31.00
41.00	04100	SUBPROVIDER - IRF				402,178	41.00
43.00	04300	NURSERY				158,538	43.00
44.00	04400	SKILLED NURSING FACILITY				146,391	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				0	50.00
50.01	03330	AMBULATORY SURGERY				3,487,882	50.01
51.00	05100	RECOVERY ROOM				284,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				20,024	52.00
53.00	05300	ANESTHESIOLOGY				0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				227,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				4,043,974	55.00
56.00	05600	RADIOISOTOPE				291,187	56.00
57.00	05700	CT SCAN				42,170	57.00
58.00	05800	MRI				137,454	58.00
59.00	05900	CARDIAC CATHETERIZATION				959,133	59.00
60.00	06000	LABORATORY				585,854	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				541,735	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				3,044	62.30
65.00	06500	RESPIRATORY THERAPY				0	65.00
66.00	06600	PHYSICAL THERAPY				140,974	66.00
66.01	06601	RNRC PHYSICAL THERAPY				29,465	66.01
66.02	06602	DAY REHABILITATION FACILITY				657	66.02
67.00	06700	OCCUPATIONAL THERAPY				8,311	67.00
68.00	06800	SPEECH PATHOLOGY				6,429	68.00
69.00	06900	ELECTROCARDIOLOGY				35,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				279,580	70.00
70.01	07001	ELECTROPHYSIOLOGY				239,937	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				163,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				198,493	73.00
74.00	07400	RENAL DIALYSIS				101,556	74.00
76.97	07697	CARDIAC REHABILITATION				4,683	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				42,264	76.98
76.99	07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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To 06/30/2021Worksheet B
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Cost Center Description		NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		20.00	21.00	22.00	23.00	24.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				9,733	90.00
90.01	09001	WELLNESS PROGRAM				5,577	90.01
90.02	09002	WOUND CARE CENTER				49,420	90.02
91.00	09100	EMERGENCY				382,856	91.00
91.01	04040	FAMILY PRACTICE				22,441	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				52,141	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	14,169,135	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				22	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				11,840	192.00
193.00	19300	NONPAID WORKERS				29,782	193.00
194.00	07950	OTHER				7,086	194.00
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05
200.00		Cross Foot Adjustments	0	13,215	21,225	570	35,010
201.00		Negative Cost Centers	0	0	0	0	-7,132,102
202.00		TOTAL (sum lines 118 through 201)	0	13,215	21,225	570	7,120,773

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.10	01160	COMMUNICATIONS			5.10
5.20	00550	DATA PROCESSING			5.20
5.30	00560	PURCHASING RECEIVING AND STORES			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.50
5.60	00592	ADMINISTRATION & GENERAL			5.60
5.90	00593	RNP ADMINISTRATION			5.90
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	ELECTRICITY			7.01
7.02	00702	RNP OPERATION OF PLANT			7.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	RNP LAUNDRY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	RNP HOSUEKEEPING			9.01
10.00	01000	DIETARY			10.00
10.01	01001	RNP DIETARY			10.01
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	RNP SOCIAL SERVICE			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
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	0	1,063,579	30.00
31.00	03100	INTENSIVE CARE UNIT	0	402,178	31.00
41.00	04100	SUBPROVIDER - IRF	0	158,538	41.00
43.00	04300	NURSERY	0	146,391	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,487,882	50.00
50.01	03330	AMBULATORY SURGERY	0	284,177	50.01
51.00	05100	RECOVERY ROOM	0	20,024	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	227,816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,043,974	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	291,187	55.00
56.00	05600	RADIOISOTOPE	0	42,170	56.00
57.00	05700	CT SCAN	0	137,454	57.00
58.00	05800	MRI	0	959,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	585,854	59.00
60.00	06000	LABORATORY	0	541,735	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,044	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	140,974	65.00
66.00	06600	PHYSICAL THERAPY	0	29,465	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	657	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	8,311	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,429	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,646	68.00
69.00	06900	ELECTROCARDIOLOGY	0	279,580	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	239,937	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	163,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	198,493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,556	73.00
74.00	07400	RENAL DIALYSIS	0	4,683	74.00
76.97	07697	CARDIAC REHABILITATION	0	42,264	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	9,733	90.00
90.01	09001	WELLNESS PROGRAM	0	5,577	90.01
90.02	09002	WOUND CARE CENTER	0	49,420	90.02
91.00	09100	EMERGENCY	0	382,856	91.00
91.01	04040	FAMILY PRACTICE	0	22,441	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	52,141	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	14,169,135	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,840	192.00
193.00	19300	NONPAID WORKERS	0	29,782	193.00
194.00	07950	OTHER	0	7,086	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	35,010	200.00
201.00		Negative Cost Centers	0	-7,132,102	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,120,773	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.10	5.20	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,044,119					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,490,702				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,767	19,788	83,779,476			4.00
5.10	01160	COMMUNICATIONS	1,908	0	0	416		5.10
5.20	00550	DATA PROCESSING	0	0	0	0	7,049,040	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545	5.50
5.60	00592	ADMINISTRATION & GENERAL	368,755	105,942	4,913,338	77	947,826	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,918	0	0	10	0	6.00
7.00	00700	OPERATION OF PLANT	204,423	53,191	0	7	39,769	7.00
7.01	00701	ELECTRICITY	0	0	0	8	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	5,761	0	0	1	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	13,210	2,648	0	1	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	19,136	8,984	0	7	22,094	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	6	18,780	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,011	306,769	2,163,110	19	161,285	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,841	68,314	309,715	1	34,245	14.00
15.00	01500	PHARMACY	9,424	12,196	2,864,397	9	416,469	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,991	1,369	879,658	28	795,378	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,034,665	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,745	0	1,850,281	11	13,256	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	209,362	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,406	144,608	22,137,535	40	420,887	30.00
31.00	03100	INTENSIVE CARE UNIT	17,724	72,722	6,686,002	2	95,004	31.00
41.00	04100	SUBPROVIDER - IRF	18,405	21,743	2,929,998	3	40,874	41.00
43.00	04300	NURSERY	3,207	40,528	860,563	2	40,874	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,169	1,053,053	3,454,221	5	80,643	50.00
50.01	03330	AMBULATORY SURGERY	12,069	74,623	2,216,748	0	0	50.01
51.00	05100	RECOVERY ROOM	2,173	0	797,261	1	26,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,074	74,014	140,920	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,488	1,307,783	3,862,647	21	943,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,087	87,938	931,704	12	53,025	55.00
56.00	05600	RADIOISOTOPE	2,610	9,286	462,159	4	121,516	56.00
57.00	05700	CT SCAN	1,288	44,954	823,499	0	0	57.00
58.00	05800	MRI	2,936	319,001	474,060	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,503	182,526	2,021,683	1	0	59.00
60.00	06000	LABORATORY	13,581	163,111	0	24	1,293,593	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	0	0	1	188,902	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,258	24,790	2,294,459	5	40,874	65.00
66.00	06600	PHYSICAL THERAPY	7,487	1,450	2,816,511	11	62,967	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	5,431	1,036	363,535	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,575	0	1,579,865	7	107,155	67.00
68.00	06800	SPEECH PATHOLOGY	3,406	10,303	1,098,451	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,702	83,937	1,303,283	9	26,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,144	80,713	1	26,513	70.00
70.01	07001	ELECTROPHYSIOLOGY	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
74.00	07400	RENAL DIALYSIS	987	0	302	2	110,469	74.00
76.97	07697	CARDIAC REHABILITATION	6,178	10,606	360,013	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.10	5.20	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,306	0	234,235	12	175,646	90.00
90.01	09001	WELLNESS PROGRAM	1,258	0	165,992	1	0	90.01
90.02	09002	WOUND CARE CENTER	1,578	13,400	210,221	0	0	90.02
91.00	09100	EMERGENCY	15,415	89,558	4,139,763	12	108,260	91.00
91.01	04040	FAMILY PRACTICE	8,109	1,387	602,758	21	110,469	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,424	0	2,076,506	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	963,253	4,490,702	83,350,133	415	7,049,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,691	0	167,019	0	0	192.00
193.00	19300	NONPAID WORKERS	63,734	0	0	0	0	193.00
194.00	07950	OTHER	1,441	0	262,324	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-7,132,102	13,396,346	14,524,365	195,125	13,510,682	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.983130	0.173364	469.050481	1.916670	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			62,318	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000744	0.000000	0.000000	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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COS T)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES	5,058,036					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,649,561,050				5.50
5.60	00592	ADMINISTRATION & GENERAL	311,069	0	-43,266,181	226,906,161		5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	98	0	0	5,663	0	6.00
7.00	00700	OPERATION OF PLANT	544	0	0	14,129,449	0	7.00
7.01	00701	ELECTRICITY	0	0	0	3,752	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1	0	0	850,893	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	6,367	0	0	5,008,522	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	1,187	0	-2,618,301	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	2,227,446	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	34,071	0	0	5,213,369	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	526,591	0	0	1,391,616	0	14.00
15.00	01500	PHARMACY	68,654	0	0	4,874,814	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,466	0	0	3,519,501	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	5,907,495	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	705	0	0	5,801,654	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	4	0	0	259,998	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	516,515	228,166,262	0	30,463,754	0	30.00
31.00	03100	INTENSIVE CARE UNIT	197,960	67,283,084	0	11,270,733	0	31.00
41.00	04100	SUBPROVIDER - IRF	45,746	24,751,928	0	3,931,628	0	41.00
43.00	04300	NURSERY	7,356	15,301,489	0	1,298,743	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,968,815	133,655,172	0	13,470,811	0	50.00
50.01	03330	AMBULATORY SURGERY	285,670	25,864,628	0	3,364,727	0	50.01
51.00	05100	RECOVERY ROOM	2,200	24,821,803	0	1,113,023	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	45,974	34,611,085	0	478,083	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	199,357	88,921,899	0	11,517,905	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,722	31,862,378	0	1,694,890	0	55.00
56.00	05600	RADIOISOTOPE	847	16,122,544	0	1,376,205	0	56.00
57.00	05700	CT SCAN	10,755	74,231,136	0	1,383,015	0	57.00
58.00	05800	MRI	3,993	19,087,963	0	1,657,749	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	264,108	75,607,371	0	6,525,612	0	59.00
60.00	06000	LABORATORY	246,115	161,406,413	0	14,620,226	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,582,825	0	1,325,771	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	14,636	39,977,176	0	3,326,587	0	65.00
66.00	06600	PHYSICAL THERAPY	4,309	30,693,593	0	3,699,926	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,733	2,951,678	0	465,797	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,149	13,354,095	0	2,201,992	0	67.00
68.00	06800	SPEECH PATHOLOGY	548	4,591,103	0	1,389,139	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,027	61,841,457	0	2,176,705	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	334	1,564,334	0	450,652	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	78,339,411	0	11,706,333	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	88,204,187	0	14,502,522	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	151,209,137	0	11,570,689	0	73.00
74.00	07400	RENAL DIALYSIS	2,016	9,337,036	0	1,563,058	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,942	3,135,383	0	484,793	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COS T)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23,820	1,560,836	0	683,409	0 90.00
90.01	09001	WELLNESS PROGRAM	1,823	92,844	0	186,295	0 90.01
90.02	09002	WOUND CARE CENTER	5,864	9,905,589	0	732,480	0 90.02
91.00	09100	EMERGENCY	183,143	97,093,285	0	12,405,755	0 91.00
91.01	04040	FAMILY PRACTICE	9,646	0	0	944,034	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	34,009	25,431,926	0	2,909,634	0 92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,056,889	1,649,561,050	-45,884,482	226,086,847	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	469	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	583	0	0	199,772	0 192.00
193.00	19300	NONPAID WORKERS	264	0	0	291,192	0 193.00
194.00	07950	OTHER	300	0	0	327,881	0 194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	496,381	1,848,871		43,266,181	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.098137	0.001121		0.190679	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0		352,692	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.001554	0.000000 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)					0 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEE T))	ELECTRICITY (SQUARE FEE T))	RNP OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	
		6.00	7.00	7.01	7.02	8.00	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS	1,230,250				6.00
7.00	00700	OPERATION OF PLANT	883,312	453,348			7.00
7.01	00701	ELECTRICITY	0	0	453,348		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	453,348	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,761	5,761	1,485,757	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	10,239	13,210	13,210	13,210	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	52,116	19,136	19,136	19,136	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,089	5,011	5,011	5,011	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	14,841	14,841	14,841	14.00
15.00	01500	PHARMACY	680	9,424	9,424	9,424	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,060	3,991	3,991	3,991	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
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	89	6,745	6,745	6,745	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,305	83,406	83,406	83,406	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,724	17,724	17,724	31.00
41.00	04100	SUBPROVIDER - IRF	1,449	18,405	18,405	18,405	41.00
43.00	04300	NURSERY	0	3,207	3,207	3,207	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	223,507	15,169	15,169	15,169	50.00
50.01	03330	AMBULATORY SURGERY	0	12,069	12,069	12,069	50.01
51.00	05100	RECOVERY ROOM	0	2,173	2,173	2,173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,074	2,074	2,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	509	35,488	35,488	35,488	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	228	3,087	3,087	3,087	55.00
56.00	05600	RADIOISOTOPE	3,535	2,610	2,610	2,610	56.00
57.00	05700	CT SCAN	96	1,288	1,288	1,288	57.00
58.00	05800	MRI	96	2,936	2,936	2,936	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,503	5,503	5,503	59.00
60.00	06000	LABORATORY	22,054	13,581	13,581	13,581	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	529	529	529	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	89	2,258	2,258	2,258	65.00
66.00	06600	PHYSICAL THERAPY	506	7,487	7,487	7,487	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	3,282	5,431	5,431	5,431	66.02
67.00	06700	OCCUPATIONAL THERAPY	506	3,575	3,575	3,575	67.00
68.00	06800	SPEECH PATHOLOGY	431	3,406	3,406	3,406	68.00
69.00	06900	ELECTROCARDIOLOGY	6,910	10,702	10,702	10,702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	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
74.00	07400	RENAL DIALYSIS	2,350	987	987	987	74.00
76.97	07697	CARDIAC REHABILITATION	0	6,178	6,178	6,178	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,568	1,306	1,306	1,306	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEE T))	ELECTRICITY (SQUARE FEE T))	RNP OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	
			6.00	7.00	7.01	7.02	8.00	
90.01	09001	WELLNESS PROGRAM	0	1,258	1,258	1,258	0	90.01
90.02	09002	WOUND CARE CENTER	0	1,578	1,578	1,578	8,345	90.02
91.00	09100	EMERGENCY	0	15,415	15,415	15,415	189,058	91.00
91.01	04040	FAMILY PRACTICE	1,675	8,109	8,109	8,109	1,105	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,424	7,424	7,424	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,230,250	372,482	372,482	372,482	1,485,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,691	15,691	15,691	0	192.00
193.00	19300	NONPAID WORKERS	0	63,734	63,734	63,734	0	193.00
194.00	07950	OTHER	0	1,441	1,441	1,441	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,743	16,828,479	4,467	0	1,227,048	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005481	37.120444	0.009853	0.000000	0.825874	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	563	192,485	6	0	5,294	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000458	0.424586	0.000013	0.000000	0.003563	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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY	0				8.01
9.00	00900	HOUSEKEEPING	0	127,830			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0		9.01
10.00	01000	DIETARY	0	3,360	0	155,070	10.00
10.01	01001	RNP DIETARY	0	0	0	155,070	10.01
11.00	01100	CAFETERIA	0	840	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	465	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	420	0	0	14.00
15.00	01500	PHARMACY	0	990	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	630	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
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	150	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	47,300	0	120,668	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,840	0	13,494	31.00
41.00	04100	SUBPROVIDER - IRF	0	7,560	0	20,908	41.00
43.00	04300	NURSERY	0	1,035	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,780	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	300	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	300	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,940	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,890	0	0	55.00
56.00	05600	RADIOISOTOPE	0	600	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,430	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	210	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	570	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	900	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,200	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	750	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	180	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	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	150	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	6,070	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	113,900	0	155,070	155,070	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	0	6,454,089	0	3,498,758	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	50.489627	0.000000	22.562443	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	25,491	0	55,584	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.199413	0.000000	0.358445	0.000000	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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			CAFETERIA (MEALS SERV ED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERV ED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOSUEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA	2,092,988					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	44,691	0	931,946			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,602	0	0	26,022,160		14.00
15.00	01500	PHARMACY	58,174	0	1,744	0	11,401,184	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,631	0	11,378	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	166,500	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	36,656	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	5,976	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	635,342	0	441,398	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	154,874	0	136,343	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	85,740	0	52,435	0	0	41.00
43.00	04300	NURSERY	19,196	0	19,196	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,573	0	29,662	0	0	50.00
50.01	03330	AMBULATORY SURGERY	53,215	0	42,296	0	0	50.01
51.00	05100	RECOVERY ROOM	16,281	0	16,213	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,343	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,408	0	14,018	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,291	0	6,450	0	0	55.00
56.00	05600	RADIOISOTOPE	13,913	0	0	0	0	56.00
57.00	05700	CT SCAN	23,797	0	0	0	0	57.00
58.00	05800	MRI	12,767	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,655	0	21,987	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	58,692	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	75,483	0	3	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	9,851	0	1,038	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	40,826	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,202	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,962	0	4,758	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,717	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,618,515	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,403,645	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,401,184	73.00
74.00	07400	RENAL DIALYSIS	5	0	5	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	8,456	0	4,151	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,649	0	679	0	90.00
90.01	09001	WELLNESS PROGRAM	3,143	0	1,463	0	90.01
90.02	09002	WOUND CARE CENTER	6,148	0	4,752	0	90.02
91.00	09100	EMERGENCY	101,691	0	67,987	0	91.00
91.01	04040	FAMILY PRACTICE	10,933	0	3,626	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	59,344	0	42,176	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,082,727	0	923,758	26,022,160	11,401,184
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,526	0	2,461	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER	5,735	0	5,727	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,694,584	0	6,474,530	2,250,755	6,291,255
203.00		Unit cost multiplier (Wkst. B, Part I)	1.287434	0.000000	6.947323	0.086494	0.551807
204.00		Cost to be allocated (per Wkst. B, Part II)	3,629	0	935,201	317,888	82,568
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001734	0.000000	1.003493	0.012216	0.007242
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: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE (RNP TIME S PENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	19.00	20.00	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,497	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE (RNP TIME S PENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,211	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,475,060	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.309669	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	62,347	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.101839	0.000000	0.000000	0.000000	0.000000	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)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))		
			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
5.10	01160	COMMUNICATIONS				5.10
5.20	00550	DATA PROCESSING				5.20
5.30	00560	PURCHASING RECEIVING AND STORES				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION				5.90
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	ELECTRICITY				7.01
7.02	00702	RNP OPERATION OF PLANT				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	RNP LAUNDRY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	RNP HOSUEKEEPING				9.01
10.00	01000	DIETARY				10.00
10.01	01001	RNP DIETARY				10.01
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	RNP SOCIAL SERVICE				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,420			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,420		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	811	811	0	30.00
31.00	03100	INTENSIVE CARE UNIT	101	101	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	10	10	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88	88	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10	10	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	20	20	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	50	50	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50	50	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00	23.00	
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20	20	0	90.00
90.01	09001	WELLNESS PROGRAM	20	20	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	150	150	0	91.00
91.01	04040	FAMILY PRACTICE	80	80	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,420	1,420	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	194.05
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,248,288	7,233,631	317,268	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,104.428169	5,094.106338	3,172.680000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,215	21,225	570	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.306338	14.947183	5.700000	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: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 2:49 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs	Total Costs	
						RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,128,470		49,128,470	0	49,128,470	30.00
31.00	03100	INTENSIVE CARE UNIT	16,003,073		16,003,073	0	16,003,073	31.00
41.00	04100	SUBPROVIDER - IRF	6,789,092		6,789,092	0	6,789,092	41.00
43.00	04300	NURSERY	2,017,098		2,017,098	0	2,017,098	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,832,245		17,832,245	0	17,832,245	50.00
50.01	03330	AMBULATORY SURGERY	4,882,581		4,882,581	0	4,882,581	50.01
51.00	05100	RECOVERY ROOM	1,595,438		1,595,438	0	1,595,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	696,648		696,648	0	696,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,653,347		16,653,347	0	16,653,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,501,050		2,501,050	0	2,501,050	55.00
56.00	05600	RADIOISOTOPE	2,308,595		2,308,595	0	2,308,595	56.00
57.00	05700	CT SCAN	1,725,221		1,725,221	0	1,725,221	57.00
58.00	05800	MRI	2,099,300		2,099,300	0	2,099,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,206,556		8,206,556	0	8,206,556	59.00
60.00	06000	LABORATORY	18,342,637		18,342,637	0	18,342,637	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,642,489		1,642,489	0	1,642,489	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,285,827	0	4,285,827	0	4,285,827	65.00
66.00	06600	PHYSICAL THERAPY	4,917,514	0	4,917,514	0	4,917,514	66.00
66.01	06601	RNRC PHYSICAL THERAPY	47,140	0	47,140	0	47,140	66.01
66.02	06602	DAY REHABILITATION FACILITY	776,182	0	776,182	0	776,182	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,868,726	0	2,868,726	0	2,868,726	67.00
68.00	06800	SPEECH PATHOLOGY	1,814,220	0	1,814,220	0	1,814,220	68.00
69.00	06900	ELECTROCARDIOLOGY	3,766,263	0	3,766,263	0	3,766,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	740,141		740,141	0	740,141	70.00
70.01	07001	ELECTROPHYSIOLOGY	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,209,884		15,209,884	0	15,209,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,513,671		18,513,671	0	18,513,671	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,463,230		20,463,230	0	20,463,230	73.00
74.00	07400	RENAL DIALYSIS	1,902,946		1,902,946	0	1,902,946	74.00
76.97	07697	CARDIAC REHABILITATION	846,349		846,349	0	846,349	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,446,056		1,446,056	0	1,446,056	90.00
90.01	09001	WELLNESS PROGRAM	282,738		282,738	0	282,738	90.01
90.02	09002	WOUND CARE CENTER	978,562		978,562	1,951	980,513	90.02
91.00	09100	EMERGENCY	16,626,372		16,626,372	11,192	16,637,564	91.00
91.01	04040	FAMILY PRACTICE	1,538,025		1,538,025	0	1,538,025	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,207,784		3,207,784		3,207,784	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,109,506		4,109,506	0	4,109,506	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	256,764,976	0	256,764,976	13,143	256,778,119	200.00
201.00		Less Observation Beds	3,207,784		3,207,784		3,207,784	201.00
202.00		Total (see instructions)	253,557,192	0	253,557,192	13,143	253,570,335	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/29/2021 2:49 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	205,266,345		205,266,345			30.00	
31.00	03100	INTENSIVE CARE UNIT	67,283,084		67,283,084			31.00	
41.00	04100	SUBPROVIDER - IRF	24,751,928		24,751,928			41.00	
43.00	04300	NURSERY	15,301,489		15,301,489			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,464,576	59,190,596	133,655,172	0.133420	0.000000	50.00	
50.01	03330	AMBULATORY SURGERY	5,511,572	20,353,056	25,864,628	0.188774	0.000000	50.01	
51.00	05100	RECOVERY ROOM	12,000,613	12,821,190	24,821,803	0.064276	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	16,382,513	18,228,572	34,611,085	0.020128	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,223,597	61,698,302	88,921,899	0.187281	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,909,442	29,952,936	31,862,378	0.078495	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,735,127	12,387,417	16,122,544	0.143190	0.000000	56.00	
57.00	05700	CT SCAN	30,953,707	43,277,429	74,231,136	0.023241	0.000000	57.00	
58.00	05800	MRI	5,041,590	14,046,373	19,087,963	0.109980	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	36,944,255	38,663,116	75,607,371	0.108542	0.000000	59.00	
60.00	06000	LABORATORY	110,386,608	51,019,805	161,406,413	0.113643	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,031,442	1,551,383	8,582,825	0.191369	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	38,160,895	1,816,281	39,977,176	0.107207	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,095,725	11,597,868	30,693,593	0.160213	0.000000	66.00	
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.01	
66.02	06602	DAY REHABILITATION FACILITY	4,535	2,947,143	2,951,678	0.262963	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	9,593,591	3,760,504	13,354,095	0.214820	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	2,515,832	2,075,271	4,591,103	0.395160	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	25,230,573	36,610,884	61,841,457	0.060902	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	214,302	1,350,032	1,564,334	0.473135	0.000000	70.00	
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,808,993	31,530,418	78,339,411	0.194154	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,575,870	24,628,317	88,204,187	0.209896	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	127,981,056	23,228,081	151,209,137	0.135331	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	8,896,910	440,126	9,337,036	0.203806	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	250,663	2,884,720	3,135,383	0.269935	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	627	1,560,209	1,560,836	0.926462	0.000000	90.00	
90.01	09001	WELLNESS PROGRAM	3,236	89,608	92,844	3.045302	0.000000	90.01	
90.02	09002	WOUND CARE CENTER	51,387	9,854,202	9,905,589	0.098789	0.000000	90.02	
91.00	09100	EMERGENCY	35,040,085	62,053,200	97,093,285	0.171241	0.000000	91.00	
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,507,654	20,392,263	22,899,917	0.140078	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	21,790,654	3,641,272	25,431,926	0.161588	0.000000	92.01	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,045,910,476	603,650,574	1,649,561,050			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,045,910,476	603,650,574	1,649,561,050			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 2:49 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
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.133420			50.00
50.01	03330	AMBULATORY SURGERY	0.188774			50.01
51.00	05100	RECOVERY ROOM	0.064276			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.020128			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187281			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078495			55.00
56.00	05600	RADIOISOTOPE	0.143190			56.00
57.00	05700	CT SCAN	0.023241			57.00
58.00	05800	MRI	0.109980			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108542			59.00
60.00	06000	LABORATORY	0.113643			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.191369			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.107207			65.00
66.00	06600	PHYSICAL THERAPY	0.160213			66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000			66.01
66.02	06602	DAY REHABILITATION FACILITY	0.262963			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.214820			67.00
68.00	06800	SPEECH PATHOLOGY	0.395160			68.00
69.00	06900	ELECTROCARDIOLOGY	0.060902			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.473135			70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.194154			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209896			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135331			73.00
74.00	07400	RENAL DIALYSIS	0.203806			74.00
76.97	07697	CARDIAC REHABILITATION	0.269935			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.926462			90.00
90.01	09001	WELLNESS PROGRAM	3.045302			90.01
90.02	09002	WOUND CARE CENTER	0.098986			90.02
91.00	09100	EMERGENCY	0.171356			91.00
91.01	04040	FAMILY PRACTICE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.140078			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.161588			92.01
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

Health Financial Systems			PRESENCE RESURRECTION MEDICAL CENTER			In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/29/2021 2:49 pm	
				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	49,128,470		49,128,470	0	49,128,470	30.00	
31.00	03100	INTENSIVE CARE UNIT	16,003,073		16,003,073	0	16,003,073	31.00	
41.00	04100	SUBPROVIDER - IRF	6,789,092		6,789,092	0	6,789,092	41.00	
43.00	04300	NURSERY	2,017,098		2,017,098	0	2,017,098	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,832,245		17,832,245	0	17,832,245	50.00	
50.01	03330	AMBULATORY SURGERY	4,882,581		4,882,581	0	4,882,581	50.01	
51.00	05100	RECOVERY ROOM	1,595,438		1,595,438	0	1,595,438	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	696,648		696,648	0	696,648	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,653,347		16,653,347	0	16,653,347	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,501,050		2,501,050	0	2,501,050	55.00	
56.00	05600	RADIOISOTOPE	2,308,595		2,308,595	0	2,308,595	56.00	
57.00	05700	CT SCAN	1,725,221		1,725,221	0	1,725,221	57.00	
58.00	05800	MRI	2,099,300		2,099,300	0	2,099,300	58.00	
59.00	05900	CARDIAC CATHETERIZATION	8,206,556		8,206,556	0	8,206,556	59.00	
60.00	06000	LABORATORY	18,342,637		18,342,637	0	18,342,637	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,642,489		1,642,489	0	1,642,489	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	4,285,827	0	4,285,827	0	4,285,827	65.00	
66.00	06600	PHYSICAL THERAPY	4,917,514	0	4,917,514	0	4,917,514	66.00	
66.01	06601	RNRC PHYSICAL THERAPY	47,140	0	47,140	0	47,140	66.01	
66.02	06602	DAY REHABILITATION FACILITY	776,182	0	776,182	0	776,182	66.02	
67.00	06700	OCCUPATIONAL THERAPY	2,868,726	0	2,868,726	0	2,868,726	67.00	
68.00	06800	SPEECH PATHOLOGY	1,814,220	0	1,814,220	0	1,814,220	68.00	
69.00	06900	ELECTROCARDIOLOGY	3,766,263		3,766,263	0	3,766,263	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	740,141		740,141	0	740,141	70.00	
70.01	07001	ELECTROPHYSIOLOGY	0		0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,209,884		15,209,884	0	15,209,884	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,513,671		18,513,671	0	18,513,671	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	20,463,230		20,463,230	0	20,463,230	73.00	
74.00	07400	RENAL DIALYSIS	1,902,946		1,902,946	0	1,902,946	74.00	
76.97	07697	CARDIAC REHABILITATION	846,349		846,349	0	846,349	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,446,056		1,446,056	0	1,446,056	90.00	
90.01	09001	WELLNESS PROGRAM	282,738		282,738	0	282,738	90.01	
90.02	09002	WOUND CARE CENTER	978,562		978,562	1,951	980,513	90.02	
91.00	09100	EMERGENCY	16,626,372		16,626,372	11,192	16,637,564	91.00	
91.01	04040	FAMILY PRACTICE	1,538,025		1,538,025	0	1,538,025	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,207,784		3,207,784		3,207,784	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,109,506		4,109,506	0	4,109,506	92.01	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	256,764,976	0	256,764,976	13,143	256,778,119	200.00	
201.00		Less Observation Beds	3,207,784		3,207,784		3,207,784	201.00	
202.00		Total (see instructions)	253,557,192	0	253,557,192	13,143	253,570,335	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet C
Part I
Date/Time Prepared:
11/29/2021 2:49 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	205,266,345		205,266,345		30.00
31.00	03100	INTENSIVE CARE UNIT	67,283,084		67,283,084		31.00
41.00	04100	SUBPROVIDER - IRF	24,751,928		24,751,928		41.00
43.00	04300	NURSERY	15,301,489		15,301,489		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,464,576	59,190,596	133,655,172	0.133420	0.000000
50.01	03330	AMBULATORY SURGERY	5,511,572	20,353,056	25,864,628	0.188774	0.000000
51.00	05100	RECOVERY ROOM	12,000,613	12,821,190	24,821,803	0.064276	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	16,382,513	18,228,572	34,611,085	0.020128	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,223,597	61,698,302	88,921,899	0.187281	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,909,442	29,952,936	31,862,378	0.078495	0.000000
56.00	05600	RADIOISOTOPE	3,735,127	12,387,417	16,122,544	0.143190	0.000000
57.00	05700	CT SCAN	30,953,707	43,277,429	74,231,136	0.023241	0.000000
58.00	05800	MRI	5,041,590	14,046,373	19,087,963	0.109980	0.000000
59.00	05900	CARDIAC CATHETERIZATION	36,944,255	38,663,116	75,607,371	0.108542	0.000000
60.00	06000	LABORATORY	110,386,608	51,019,805	161,406,413	0.113643	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,031,442	1,551,383	8,582,825	0.191369	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	38,160,895	1,816,281	39,977,176	0.107207	0.000000
66.00	06600	PHYSICAL THERAPY	19,095,725	11,597,868	30,693,593	0.160213	0.000000
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0.000000	0.000000
66.02	06602	DAY REHABILITATION FACILITY	4,535	2,947,143	2,951,678	0.262963	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,593,591	3,760,504	13,354,095	0.214820	0.000000
68.00	06800	SPEECH PATHOLOGY	2,515,832	2,075,271	4,591,103	0.395160	0.000000
69.00	06900	ELECTROCARDIOLOGY	25,230,573	36,610,884	61,841,457	0.060902	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	214,302	1,350,032	1,564,334	0.473135	0.000000
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,808,993	31,530,418	78,339,411	0.194154	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,575,870	24,628,317	88,204,187	0.209896	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	127,981,056	23,228,081	151,209,137	0.135331	0.000000
74.00	07400	RENAL DIALYSIS	8,896,910	440,126	9,337,036	0.203806	0.000000
76.97	07697	CARDIAC REHABILITATION	250,663	2,884,720	3,135,383	0.269935	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	627	1,560,209	1,560,836	0.926462	0.000000
90.01	09001	WELLNESS PROGRAM	3,236	89,608	92,844	3.045302	0.000000
90.02	09002	WOUND CARE CENTER	51,387	9,854,202	9,905,589	0.098789	0.000000
91.00	09100	EMERGENCY	35,040,085	62,053,200	97,093,285	0.171241	0.000000
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,507,654	20,392,263	22,899,917	0.140078	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	21,790,654	3,641,272	25,431,926	0.161588	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,045,910,476	603,650,574	1,649,561,050		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,045,910,476	603,650,574	1,649,561,050		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 2:49 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
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	AMBULATORY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000			66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	ELECTROPHYSIOLOGY	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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WELLNESS PROGRAM	0.000000			90.01
90.02	09002	WOUND CARE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	04040	FAMILY PRACTICE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
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: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 2:49 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,063,579	0	1,063,579	50,847	20.92	30.00	
31.00	INTENSIVE CARE UNIT	402,178		402,178	10,795	37.26	31.00	
41.00	SUBPROVIDER - IRF	158,538	0	158,538	8,363	18.96	41.00	
43.00	NURSERY	146,391		146,391	1,765	82.94	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	1,770,686		1,770,686	71,770		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	23,147	484,235					30.00
31.00	INTENSIVE CARE UNIT	2,847	106,079					31.00
41.00	SUBPROVIDER - IRF	5,045	95,653					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	31,039	685,967					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 2:49 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,487,882	133,655,172	0.026096	33,161,588	865,385	50.00	
50.01	03330	AMBULATORY SURGERY	284,177	25,864,628	0.010987	4,779,301	52,510	50.01	
51.00	05100	RECOVERY ROOM	20,024	24,821,803	0.000807	5,408,120	4,364	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	227,816	34,611,085	0.006582	6,462,931	42,539	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,043,974	88,921,899	0.045478	25,608,386	1,164,618	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	291,187	31,862,378	0.009139	745,560	6,814	55.00	
56.00	05600	RADIOISOTOPE	42,170	16,122,544	0.002616	1,992,554	5,213	56.00	
57.00	05700	CT SCAN	137,454	74,231,136	0.001852	0	0	57.00	
58.00	05800	MRI	959,133	19,087,963	0.050248	2,063,861	103,705	58.00	
59.00	05900	CARDIAC CATHETERIZATION	585,854	75,607,371	0.007749	15,714,883	121,775	59.00	
60.00	06000	LABORATORY	541,735	161,406,413	0.003356	43,774,975	146,909	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,044	8,582,825	0.000355	2,723,242	967	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	140,974	39,977,176	0.003526	15,586,887	54,959	65.00	
66.00	06600	PHYSICAL THERAPY	29,465	30,693,593	0.000960	7,423,184	7,126	66.00	
66.01	06601	RNRC PHYSICAL THERAPY	657	0	0.000000	0	0	66.01	
66.02	06602	DAY REHABILITATION FACILITY	8,311	2,951,678	0.002816	1,138	3	66.02	
67.00	06700	OCCUPATIONAL THERAPY	6,429	13,354,095	0.000481	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	35,646	4,591,103	0.007764	3,252	25	68.00	
69.00	06900	ELECTROCARDIOLOGY	279,580	61,841,457	0.004521	12,051,453	54,485	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	239,937	1,564,334	0.153380	102,902	15,783	70.00	
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,836	78,339,411	0.002091	18,964,311	39,654	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	198,493	88,204,187	0.002250	31,408,301	70,669	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	101,556	151,209,137	0.000672	50,562,174	33,978	73.00	
74.00	07400	RENAL DIALYSIS	4,683	9,337,036	0.000502	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	42,264	3,135,383	0.013480	103,859	1,400	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,733	1,560,836	0.006236	558	3	90.00	
90.01	09001	WELLNESS PROGRAM	5,577	92,844	0.060069	3,236	194	90.01	
90.02	09002	WOUND CARE CENTER	49,420	9,905,589	0.004989	0	0	90.02	
91.00	09100	EMERGENCY	382,856	97,093,285	0.003943	16,563,277	65,309	91.00	
91.01	04040	FAMILY PRACTICE	22,441	0	0.000000	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	69,445	22,899,917	0.003033	1,357,306	4,117	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	52,141	25,431,926	0.002050	0	0	92.01	
200.00		Total (lines 50 through 199)	12,467,894	1,336,958,204		296,567,239	2,862,504	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 2:49 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	50,847	0.00	23,147		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	10,795	0.00	2,847		31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	8,363	0.00	5,045		41.00		
43.00	04300	NURSERY	0	0	1,765	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
200.00		Total (lines 30 through 199)	0	0	71,770		31,039		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 2:49 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	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	317,268	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	317,268	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 2:49 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	133,655,172	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	25,864,628	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	24,821,803	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	34,611,085	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	88,921,899	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	31,862,378	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	16,122,544	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	74,231,136	0.000000	57.00
58.00	05800	MRI	0	0	0	19,087,963	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	75,607,371	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	161,406,413	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,582,825	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,977,176	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,693,593	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	2,951,678	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,354,095	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,591,103	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	61,841,457	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,564,334	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	78,339,411	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	88,204,187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	317,268	317,268	151,209,137	0.002098	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,337,036	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,135,383	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,560,836	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	92,844	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	9,905,589	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	97,093,285	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	22,899,917	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	25,431,926	0.000000	92.01
200.00		Total (lines 50 through 199)	0	317,268	317,268	1,336,958,204		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	33,161,588	0	13,395,056	0
50.01	03330	AMBULATORY SURGERY	0.000000	4,779,301	0	7,747,890	0
51.00	05100	RECOVERY ROOM	0.000000	5,408,120	0	4,447,215	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	6,462,931	0	3,793,391	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	25,608,386	0	24,574,150	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	745,560	0	10,714,793	0
56.00	05600	RADIOISOTOPE	0.000000	1,992,554	0	3,991,155	0
57.00	05700	CT SCAN	0.000000	0	0	0	0
58.00	05800	MRI	0.000000	2,063,861	0	3,646,049	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	15,714,883	0	14,904,725	0
60.00	06000	LABORATORY	0.000000	43,774,975	0	9,368,560	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	2,723,242	0	249,951	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	15,586,887	0	488,315	0
66.00	06600	PHYSICAL THERAPY	0.000000	7,423,184	0	187,236	0
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	0
66.02	06602	DAY REHABILITATION FACILITY	0.000000	1,138	0	77,837	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	3,252	0	150,232	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	12,051,453	0	12,687,945	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	102,902	0	371,367	0
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	18,964,311	0	6,643,309	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	31,408,301	0	8,237,781	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002098	50,562,174	106,079	7,687,781	16,129
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	103,859	0	1,068,003	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	558	0	501,210	0
90.01	09001	WELLNESS PROGRAM	0.000000	3,236	0	0	0
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	16,563,277	0	11,773,654	0
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,357,306	0	5,796,186	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		296,567,239	106,079	152,503,791	16,129

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 2:49 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII		Hospital		PPS	
			Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00		5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.133420	13,395,056	0	0	1,787,168	50.00
50.01	03330	AMBULATORY SURGERY	0.188774	7,747,890	1	0	1,462,600	50.01
51.00	05100	RECOVERY ROOM	0.064276	4,447,215	0	0	285,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020128	3,793,391	0	0	76,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187281	24,574,150	0	0	4,602,271	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078495	10,714,793	0	0	841,058	55.00
56.00	05600	RADIOISOTOPE	0.143190	3,991,155	0	0	571,493	56.00
57.00	05700	CT SCAN	0.023241	0	0	0	0	57.00
58.00	05800	MRI	0.109980	3,646,049	0	0	400,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108542	14,904,725	0	0	1,617,789	59.00
60.00	06000	LABORATORY	0.113643	9,368,560	12,236	0	1,064,671	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.191369	249,951	3	0	47,833	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.107207	488,315	0	0	52,351	65.00
66.00	06600	PHYSICAL THERAPY	0.160213	187,236	0	0	29,998	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.262963	77,837	0	0	20,468	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.214820	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.395160	150,232	0	0	59,366	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060902	12,687,945	0	0	772,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.473135	371,367	0	0	175,707	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.194154	6,643,309	0	0	1,289,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209896	8,237,781	0	0	1,729,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135331	7,687,781	0	49,043	1,040,395	73.00
74.00	07400	RENAL DIALYSIS	0.203806	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.269935	1,068,003	0	0	288,291	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.926462	501,210	0	0	464,352	90.00
90.01	09001	WELLNESS PROGRAM	3.045302	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.098789	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.171241	11,773,654	0	0	2,016,132	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.140078	5,796,186	0	0	811,918	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.161588	0	0	0	0	92.01
200.00		Subtotal (see instructions)		152,503,791	12,240	49,043	21,508,678	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		152,503,791	12,240	49,043	21,508,678	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 2:49 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
50.01	03330	AMBULATORY SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	1,391	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	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	6,637		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0		90.01
90.02	09002	WOUND CARE CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	1,392	6,637		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,392	6,637		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 2:49 pm		
				Component CCN: 14-T117				
				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	3,487,882	133,655,172	0.026096	56,802	1,482	50.00
50.01	03330	AMBULATORY SURGERY	284,177	25,864,628	0.010987	732,271	8,045	50.01
51.00	05100	RECOVERY ROOM	20,024	24,821,803	0.000807	23,773	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	227,816	34,611,085	0.006582	26,580	175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,043,974	88,921,899	0.045478	669,379	30,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	291,187	31,862,378	0.009139	95,501	873	55.00
56.00	05600	RADIOISOTOPE	42,170	16,122,544	0.002616	11,906	31	56.00
57.00	05700	CT SCAN	137,454	74,231,136	0.001852	0	0	57.00
58.00	05800	MRI	959,133	19,087,963	0.050248	76,818	3,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	585,854	75,607,371	0.007749	35,863	278	59.00
60.00	06000	LABORATORY	541,735	161,406,413	0.003356	3,108,725	10,433	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,044	8,582,825	0.000355	35,136	12	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	140,974	39,977,176	0.003526	944,070	3,329	65.00
66.00	06600	PHYSICAL THERAPY	29,465	30,693,593	0.000960	5,454,494	5,236	66.00
66.01	06601	RNRC PHYSICAL THERAPY	657	0	0.000000	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	8,311	2,951,678	0.002816	1,547	4	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,429	13,354,095	0.000481	3,630,701	1,746	67.00
68.00	06800	SPEECH PATHOLOGY	35,646	4,591,103	0.007764	610,855	4,743	68.00
69.00	06900	ELECTROCARDIOLOGY	279,580	61,841,457	0.004521	124,879	565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	239,937	1,564,334	0.153380	5,608	860	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,836	78,339,411	0.002091	612,750	1,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	198,493	88,204,187	0.002250	41,978	94	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,556	151,209,137	0.000672	3,327,408	2,236	73.00
74.00	07400	RENAL DIALYSIS	4,683	9,337,036	0.000502	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	42,264	3,135,383	0.013480	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,733	1,560,836	0.006236	0	0	90.00
90.01	09001	WELLNESS PROGRAM	5,577	92,844	0.060069	0	0	90.01
90.02	09002	WOUND CARE CENTER	49,420	9,905,589	0.004989	0	0	90.02
91.00	09100	EMERGENCY	382,856	97,093,285	0.003943	39,978	158	91.00
91.01	04040	FAMILY PRACTICE	22,441	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	22,899,917	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	52,141	25,431,926	0.002050	0	0	92.01
200.00		Total (lines 50 through 199)	12,398,449	1,336,958,204		19,667,022	75,902	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2020
To 06/30/2021Part IV
Date/Time Prepared:
11/29/2021 2:49 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	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	317,268	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	317,268	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 2:49 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	0	0	133,655,172	0.000000	50.00
50.01	03330	AMBULATORY SURGERY		0	0	0	25,864,628	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	24,821,803	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	34,611,085	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	88,921,899	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	31,862,378	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	16,122,544	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	74,231,136	0.000000	57.00
58.00	05800	MRI		0	0	0	19,087,963	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	75,607,371	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	161,406,413	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	8,582,825	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	39,977,176	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	30,693,593	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY		0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY		0	0	0	2,951,678	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,354,095	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,591,103	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	61,841,457	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,564,334	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY		0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	78,339,411	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	88,204,187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	317,268	317,268	151,209,137	0.002098	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	9,337,036	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,135,383	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,560,836	0.000000	90.00
90.01	09001	WELLNESS PROGRAM		0	0	0	92,844	0.000000	90.01
90.02	09002	WOUND CARE CENTER		0	0	0	9,905,589	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	97,093,285	0.000000	91.00
91.01	04040	FAMILY PRACTICE		0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	22,899,917	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	25,431,926	0.000000	92.01
200.00		Total (lines 50 through 199)		0	317,268	317,268	1,336,958,204		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 2:49 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	0.000000		56,802	0	6	0	50.00
50.01	03330	AMBULATORY SURGERY	0.000000		732,271	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000		23,773	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		26,580	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		669,379	0	16,091	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		95,501	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		11,906	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		0	0	0	0	57.00
58.00	05800	MRI	0.000000		76,818	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		35,863	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		3,108,725	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		35,136	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		944,070	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		5,454,494	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000		0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000		1,547	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		3,630,701	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		610,855	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		124,879	0	1,575	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		5,608	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000		0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		612,750	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		41,978	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002098		3,327,408	6,981	2,416	5	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000		0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000		0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000		39,978	0	912	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000		0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0	0	0	0	92.01
200.00		Total (lines 50 through 199)			19,667,022	6,981	21,000	5	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/29/2021 2:49 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.133420	6	0	0	1 50.00
50.01	03330 AMBULATORY SURGERY	0.188774	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.064276	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.020128	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.187281	16,091	0	0	3,014 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.078495	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.143190	0	0	0	0 56.00
57.00	05700 CT SCAN	0.023241	0	0	0	0 57.00
58.00	05800 MRI	0.109980	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.108542	0	0	0	0 59.00
60.00	06000 LABORATORY	0.113643	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.191369	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.107207	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.160213	0	0	0	0 66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0 66.01
66.02	06602 DAY REHABILITATION FACILITY	0.262963	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.214820	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.395160	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.060902	1,575	0	0	96 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.473135	0	0	0	0 70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.194154	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.209896	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135331	2,416	0	3,315	327 73.00
74.00	07400 RENAL DIALYSIS	0.203806	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.269935	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.926462	0	0	0	0 90.00
90.01	09001 WELLNESS PROGRAM	3.045302	0	0	0	0 90.01
90.02	09002 WOUND CARE CENTER	0.098789	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.171241	912	0	0	156 91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.140078	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.161588	0	0	0	0 92.01
200.00	Subtotal (see instructions)		21,000	0	3,315	3,594 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		21,000	0	3,315	3,594 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/29/2021 2:49 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	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	449		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0		90.01
90.02	09002	WOUND CARE CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	0	449		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	449		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:49 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)		50,847	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,847	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)		47,527	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)		23,147	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)		49,128,470	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)		49,128,470	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)		49,128,470	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)		966.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,364,631	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)		22,364,631	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/29/2021 2:49 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	16,003,073	10,795	1,482.45	2,847	4,220,535
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)					42,201,097
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,786,263
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					590,314
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,968,583
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,558,897
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					65,227,366
	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)					3,320
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					966.20
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,207,784

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/29/2021 2:49 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,063,579	49,128,470	0.021649	3,207,784	69,445	90.00
91.00 Nursing School cost	0	49,128,470	0.000000	3,207,784	0	91.00
92.00 Allied health cost	0	49,128,470	0.000000	3,207,784	0	92.00
93.00 All other Medical Education	0	49,128,470	0.000000	3,207,784	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:49 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)		8,363	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,363	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)		8,363	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)		5,045	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)		6,789,092	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)		6,789,092	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)		6,789,092	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)		811.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,095,531	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,095,531	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:49 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)					3,246,808	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,342,339	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)					95,653	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					82,883	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					178,536	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,163,803	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: 14-0117

Period:

Worksheet D-1

Component CCN: 14-T117

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/29/2021 2:49 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	158,538	6,789,092	0.023352	0	0	90.00
91.00	Nursing School cost	0	6,789,092	0.000000	0	0	91.00
92.00	Allied health cost	0	6,789,092	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,789,092	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:49 pm
		Title XIX	Hospital	Cost
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)		50,847	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,847	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)		47,527	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)		2,415	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)		1,765	15.00
16.00	Nursery days (title V or XIX only)		196	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)		49,128,470	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)		49,128,470	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)		49,128,470	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)		966.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,333,373	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,333,373	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/29/2021 2:49 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,017,098	1,765	1,142.83	196	223,995	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,003,073	10,795	1,482.45	510	756,050	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)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,313,418
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						3,320
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						966.20
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,207,784

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/29/2021 2:49 pm

		Title XIX		Hospital		Cost	
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	1,063,579	49,128,470	0.021649	3,207,784	69,445	90.00
91.00	Nursing School cost	0	49,128,470	0.000000	3,207,784	0	91.00
92.00	Allied health cost	0	49,128,470	0.000000	3,207,784	0	92.00
93.00	All other Medical Education	0	49,128,470	0.000000	3,207,784	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:49 pm
		Title XIX	Subprovider - IRF	Cost
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)			8,363 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,363 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)			8,363 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)			306 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)			1,765 15.00
16.00	Nursery days (title V or XIX only)			196 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)			6,789,092 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)			6,789,092 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)			6,789,092 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)			811.80 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			248,411 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)			248,411 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:49 pm	
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	42.00
		Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					248,411	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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: 14-0117

Period:

Worksheet D-1

Component CCN: 14-T117

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 2:49 pm

Title XIX

Subprovider -
IRF

Cost

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	158,538	6,789,092	0.023352	0	0	90.00
91.00	Nursing School cost	0	6,789,092	0.000000	0	0	91.00
92.00	Allied health cost	0	6,789,092	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,789,092	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 2:49 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		100,901,319		30.00
31.00	03100	INTENSIVE CARE UNIT		25,470,246		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	0.133420	33,161,588	4,424,419	50.00
50.01	03330	AMBULATORY SURGERY	0.188774	4,779,301	902,208	50.01
51.00	05100	RECOVERY ROOM	0.064276	5,408,120	347,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020128	6,462,931	130,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187281	25,608,386	4,795,964	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078495	745,560	58,523	55.00
56.00	05600	RADIOISOTOPE	0.143190	1,992,554	285,314	56.00
57.00	05700	CT SCAN	0.023241	0	0	57.00
58.00	05800	MRI	0.109980	2,063,861	226,983	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108542	15,714,883	1,705,725	59.00
60.00	06000	LABORATORY	0.113643	43,774,975	4,974,719	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.191369	2,723,242	521,144	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.107207	15,586,887	1,671,023	65.00
66.00	06600	PHYSICAL THERAPY	0.160213	7,423,184	1,189,291	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.262963	1,138	299	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.214820	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.395160	3,252	1,285	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060902	12,051,453	733,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.473135	102,902	48,687	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.194154	18,964,311	3,681,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209896	31,408,301	6,592,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135331	50,562,174	6,842,630	73.00
74.00	07400	RENAL DIALYSIS	0.203806	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.269935	103,859	28,035	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.926462	558	517	90.00
90.01	09001	WELLNESS PROGRAM	3.045302	3,236	9,855	90.01
90.02	09002	WOUND CARE CENTER	0.098986	0	0	90.02
91.00	09100	EMERGENCY	0.171356	16,563,277	2,838,217	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.140078	1,357,306	190,129	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.161588	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		296,567,239	42,201,097	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		296,567,239		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 2:49 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		15,039,279		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.133420	56,802	7,579	50.00
50.01	03330 AMBULATORY SURGERY	0.188774	732,271	138,234	50.01
51.00	05100 RECOVERY ROOM	0.064276	23,773	1,528	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020128	26,580	535	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.187281	669,379	125,362	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.078495	95,501	7,496	55.00
56.00	05600 RADIOISOTOPE	0.143190	11,906	1,705	56.00
57.00	05700 CT SCAN	0.023241	0	0	57.00
58.00	05800 MRI	0.109980	76,818	8,448	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.108542	35,863	3,893	59.00
60.00	06000 LABORATORY	0.113643	3,108,725	353,285	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.191369	35,136	6,724	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.107207	944,070	101,211	65.00
66.00	06600 PHYSICAL THERAPY	0.160213	5,454,494	873,881	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.262963	1,547	407	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.214820	3,630,701	779,947	67.00
68.00	06800 SPEECH PATHOLOGY	0.395160	610,855	241,385	68.00
69.00	06900 ELECTROCARDIOLOGY	0.060902	124,879	7,605	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.473135	5,608	2,653	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.194154	612,750	118,968	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.209896	41,978	8,811	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135331	3,327,408	450,301	73.00
74.00	07400 RENAL DIALYSIS	0.203806	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.269935	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.926462	0	0	90.00
90.01	09001 WELLNESS PROGRAM	3.045302	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.098986	0	0	90.02
91.00	09100 EMERGENCY	0.171356	39,978	6,850	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.140078	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.161588	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		19,667,022	3,246,808	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		19,667,022		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 2:49 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)			13,802,637	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			41,026,284	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)			100,548	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,304,721	2.04
3.00	Managed Care Simulated Payments			24,234,427	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			214.35	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)			70.59	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)			18.00	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)			88.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			69.29	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)			69.29	12.00
13.00	Total allowable FTE count for the prior year.			70.90	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.			75.53	14.00
15.00	Sum of lines 12 through 14 divided by 3.			71.91	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			71.91	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.335479	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.319168	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.319168	21.00
22.00	IME payment adjustment (see instructions)			8,787,541	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,884,100	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)			-19.30	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)			8,787,541	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,884,100	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.70	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.29	31.00
32.00	Sum of lines 30 and 31			18.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.09	33.00
34.00	Disproportionate share adjustment (see instructions)			697,699	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 2:49 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)	1,535,941	1,296,374	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	386,083	969,616	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,355,699		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	40.00
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	67,075,129		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)		70,959,229	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,949,295	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,716,883	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		410,161	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		106,079	58.00
59.00	Total (sum of amounts on lines 49 through 58)		80,141,647	59.00
60.00	Primary payer payments		6,566	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		80,135,081	61.00
62.00	Deductibles billed to program beneficiaries		4,267,692	62.00
63.00	Coinsurance billed to program beneficiaries		475,276	63.00
64.00	Allowable bad debts (see instructions)		1,203,557	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		782,312	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		652,513	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		76,174,425	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)		-110,787	70.93
70.94	HRR adjustment amount (see instructions)		-314,853	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/29/2021 2:49 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		75,748,785	71.00	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		75,527,816	72.00	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		220,969	74.00	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		895,967	75.00	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 2:49 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,802,637	0	13,802,637		13,802,637	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	41,026,284	0		41,026,284	41,026,284	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	100,548	0	100,548		100,548	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,304,721	0		1,304,721	1,304,721	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	24,234,427	0	5,442,232	18,792,195	24,234,427	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.319168	0.319168	0.319168	0.319168		5.00	
6.00	IME payment adjustment (see instructions)	22.00	8,787,541	0	2,212,176	6,575,365	8,787,541	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,884,100	0	872,237	3,011,863	3,884,100	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,787,541	0	2,212,176	6,575,365	8,787,541	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,884,100	0	872,237	3,011,863	3,884,100	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0509	0.0509	0.0509	0.0509		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	697,699	0	175,639	522,060	697,699	11.00	
11.01	Uncompensated care payments	36.00	1,355,699	0	1,413,986	476,508	1,890,494	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	67,075,129	0	17,704,986	49,370,143	67,075,129	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	70,959,229	0	18,577,223	52,382,006	70,959,229	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,949,295	0	1,247,159	3,702,136	4,949,295	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 2:49 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	410,161	0	0	410,161	410,161	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	19,824,382	56,494,303	76,318,685	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,216,087	0	1,088,399	3,127,688	4,216,087	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	167,831	0	12,806	155,025	167,831	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1341	0.1341	0.1341	0.1341		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	565,377	0	145,954	419,423	565,377	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,949,295	0	1,247,159	3,702,136	4,949,295	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5				Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2021 2:49 pm	
				Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)			
		0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00		
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,802,637	13,802,637		13,802,637	1.01		
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	41,026,284		41,026,284	41,026,284	1.02		
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03		
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04		
2.00	Outlier payments for discharges (see instructions)	2.00					2.00		
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01		
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	100,548	100,548		100,548	2.02		
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,304,721		1,304,721	1,304,721	2.03		
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00		
4.00	Managed care simulated payments	3.00	24,234,427	5,442,232	18,792,195	24,234,427	4.00		
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.319168	0.319168	0.319168		5.00		
6.00	IME payment adjustment (see instructions)	22.00	8,787,541	2,212,176	6,575,365	8,787,541	6.00		
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,884,100	872,237	3,011,863	3,884,100	6.01		
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00		
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01		
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,787,541	2,212,176	6,575,365	8,787,541	9.00		
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,884,100	872,237	3,011,863	3,884,100	9.01		
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0509	0.0509	0.0509		10.00		
11.00	Disproportionate share adjustment (see instructions)	34.00	697,699	175,639	522,060	697,699	11.00		
11.01	Uncompensated care payments	36.00	1,355,699	406,883	1,337,480	1,744,363	11.01		
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00		
13.00	Subtotal (see instructions)	47.00	67,075,129	16,697,883	50,377,246	67,075,129	13.00		
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00		
15.00	Total payment for inpatient operating costs (see instructions)	49.00	70,959,229	17,570,120	53,389,109	70,959,229	15.00		
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,949,295	1,247,159	3,702,136	4,949,295	16.00		
17.00	Special add-on payments for new technologies	54.00	410,161	0	410,161	410,161	17.00		
17.01	Net organ acquisition cost						17.01		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02		
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00		
19.00	SUBTOTAL			18,817,279	57,501,406	76,318,685	19.00		

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 2:49 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,216,087	1,088,399	3,127,688	4,216,087	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	167,831	12,806	155,025	167,831	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1341	0.1341	0.1341		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	565,377	145,954	419,423	565,377	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,949,295	1,247,159	3,702,136	4,949,295	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-110,787	-59,613	-51,174	-110,787	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-314,853	-95,239	-219,614	-314,853	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 2:49 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,029	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,492,549	2.00
3.00	OPPS payments		18,717,668	3.00
4.00	Outlier payment (see instructions)		132,407	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		16,129	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,029	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		61,283	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)		61,283	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)		61,283	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		53,254	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)		8,029	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)		18,866,204	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)		3,429,420	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)		15,444,813	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,050,809	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)		16,495,622	30.00
31.00	Primary payer payments		72	31.00
32.00	Subtotal (line 30 minus line 31)		16,495,550	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)		507,508	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		329,880	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		304,268	36.00
37.00	Subtotal (see instructions)		16,825,430	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)		16,825,430	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		16,776,314	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)		49,116	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		6,221	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 2:49 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		449	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,589	2.00
3.00	OPPS payments		1,859	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		5	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		449	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,315	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)		3,315	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)		3,315	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,866	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)		449	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,864	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)		277	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,036	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,036	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,036	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,036	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,036	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		1,980	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)		56	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 2:49 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		71,412,140		15,425,262	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		4,579,883		1,352,341	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/08/2021	464,207	02/08/2021	1,289	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)		-464,207		-1,289	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)		75,527,816		16,776,314	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		220,969		49,116	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		75,748,785		16,825,430	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0117
 Component CCN: 14-T117

 Period:
 From 07/01/2020
 To 06/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/29/2021 2:49 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					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		9,245,248		1,980	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/08/2021	30,997		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)		30,997		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)		9,276,245		1,980	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		35,846		56	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,312,091		2,036	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 2:49 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, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/29/2021 2:49 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,966,964 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0214 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			286,046 3.00
4.00	Outlier Payments			139,200 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)			22.912329 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)			9,392,210 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)			9,392,210 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,392,210 19.00
20.00	Deductibles			35,960 20.00
21.00	Subtotal (line 19 minus line 20)			9,356,250 21.00
22.00	Coinsurance			55,195 22.00
23.00	Subtotal (line 21 minus line 22)			9,301,055 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,239 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,055 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)			9,305,110 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)			6,981 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,312,091 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			9,276,245 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)			35,846 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			139,200 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet E-3
Part VII
Date/Time Prepared:
11/29/2021 2:49 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,313,418		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,313,418	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,313,418	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,313,418	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		3,313,418	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

Health Financial Systems		PRESENCE RESURRECTION MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 2:49 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	248,411			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	248,411		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	248,411		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	248,411		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	248,411		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0			41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/29/2021 2:49 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.					48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					18.00	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)					0.05	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))					4.00	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)					70.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					69.29	6.00
7.00	Enter the lesser of line 5 or line 6					69.29	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.	23.46		45.58		69.04 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.	23.46		45.58		69.04 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	23.46		45.58		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	25.92		43.11		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	25.75		46.67		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	25.04		45.12		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	25.04		45.12		17.00	
18.00	Per resident amount	106,191.91		106,191.91		18.00	
19.00	Approved amount for resident costs	2,659,045		4,791,379		7,450,424 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)					7,450,424 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	31,039		6,213		6,273 26.00	
27.00	Total Inpatient Days (see instructions)	67,222		67,222		67,222 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.461739		0.092425		0.093318 28.00	
29.00	Program direct GME amount	3,440,151		688,605		695,259 29.00	
29.01	Percent reduction for MA DGME			4.07		4.07 29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			28,026		28,297 30.00	
31.00	Net Program direct GME amount					4,767,692 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 2:49 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			9,337,036	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)			76,128,602	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)			6,566	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			76,122,036	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			21,520,750	42.00
43.00	Primary payer payments (see instructions)			72	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			21,520,678	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			97,642,714	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.779598	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.220402	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			4,767,692	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,716,883	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,050,809	50.00

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

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
11/29/2021 2:49 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	15,118	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	131,683,617	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-89,829,127	0	0	0	6.00
7.00 Inventory	5,882,009	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	1,768,419	0	0	0	9.00
10.00 Due from other funds	19,343,788	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	68,863,824	0	0	0	11.00
FIXED ASSETS					
12.00 Land	45,590,000	0	0	0	12.00
13.00 Land improvements	2,279,000	0	0	0	13.00
14.00 Accumulated depreciation	-1,501,952	0	0	0	14.00
15.00 Buildings	107,299,146	0	0	0	15.00
16.00 Accumulated depreciation	-14,996,666	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	32,543,157	0	0	0	23.00
24.00 Accumulated depreciation	-14,648,186	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)	156,564,499	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	589,290	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	589,290	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	226,017,613	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	14,146,741	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	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	120,356,994	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	134,503,735	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	2,123,456	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	2,123,456	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	136,627,191	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	89,390,422				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	89,390,422	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	226,017,613	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/29/2021 2:49 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		80,691,422		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		19,356,085				2.00
3.00	Total (sum of line 1 and line 2)		100,047,507		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERRSTRCONTRIBSUSEDPROPE	336,959		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)		336,959		0		10.00
11.00	Subtotal (line 3 plus line 10)		100,384,466		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	10,994,044		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)		10,994,044		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		89,390,422		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	TRANSFERRSTRCONTRIBSUSEDPROPE		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) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 14-0117

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 2:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	220,567,834		220,567,834	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	24,751,928		24,751,928	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	0		0	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)	245,319,762		245,319,762	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	67,283,084		67,283,084	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)	67,283,084		67,283,084	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	312,602,846		312,602,846	17.00
18.00	Ancillary services	733,562,504	536,723,122	1,270,285,626	18.00
19.00	Outpatient services	0	65,694,472	65,694,472	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	5,580,490	5,580,490	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,046,165,350	607,998,084	1,654,163,434	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		300,300,606		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	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)		300,300,606		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0117

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/29/2021 2:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,654,163,434	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,371,635,896	2.00
3.00	Net patient revenues (line 1 minus line 2)	282,527,538	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	300,300,606	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,773,068	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	966,344	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	332,117	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	1,803,520	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	0	24.01
24.50	COVID-19 PHE Funding	34,027,068	24.50
25.00	Total other income (sum of lines 6-24)	37,129,049	25.00
26.00	Total (line 5 plus line 25)	19,355,981	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	-104	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-104	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	19,356,085	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0117	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 2:49 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,216,087	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		167,831	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)		161.26	3.00
4.00	Number of interns & residents (see instructions)		71.91	4.00
5.00	Indirect medical education percentage (see instructions)		13.41	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)		565,377	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		4,949,295	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