

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: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 3:39 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/25/2022	Time: 3:39 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL (14-0135) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Katie Keim	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Katie Keim		2
3	Signatory Title	SENIOR VICE PRESIDENT AND CFO		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	474,828	22,015	0	0	1.00
2.00 Subprovider - IPF	0	6,963	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	481,791	22,015	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: 14-0135		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 3:39 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2300 N. EDWARD ST.			PO Box:				1.00	
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		DECATUR MEMORIAL HOSPITAL	140135	19500	1	07/01/1966	N	P
4.00	Subprovider - IPF		DECATUR MEMORIAL HOSPITAL	14S135	19500	4	10/01/2015	N	P
5.00	Subprovider - IRF								
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)						10/01/2020	09/30/2021	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 3:39 pm

MCRIF32 - 17.2.173.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 3:39 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	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		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)					Y	63.00

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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)	FAMILY MEDICINE	3600	6.46	6.32	0.505477		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.03	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)	FAMILY MEDICINE	1350	10.19	4.90	0.675282		67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.04	0.000000		67.01

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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.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			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)	N			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				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		0118.01	
				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		5.00		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: 14-0135		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 3:39 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				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: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number: 00131		141.00	
142.00	Street: 8115 KNUE ROAD	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State:		Zip Code: 46250		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 3:39 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: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 3:39 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/17/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	01/31/2022	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 3:39 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.	DEBBIE	BRAGG		41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(217) 876-2051	BRAGG.DEBBIE@MHSIL.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 3:39 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.	AFFILIATED VP OF FINANCE	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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 3:39 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	136	45,262	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)		136	45,262	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	20	7,300	0.00	0	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)		178	60,592	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		178				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 3:39 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)	10,379	759	20,427			1.00
2.00	HMO and other (see instructions)	5,334	5,593				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,379	759	20,427			7.00
8.00	INTENSIVE CARE UNIT	1,822	218	5,923			8.00
9.00	CORONARY CARE UNIT	3,203	162	4,395			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	1,158			13.00
14.00	Total (see instructions)	15,404	1,182	31,903	15.16	1,527.24	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				15.16	1,527.24	27.00
28.00	Observation Bed Days		1,428	7,370			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			264			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	107	180			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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 3:39 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	2,784	1,210	6,433	1.00
2.00 HMO and other (see instructions)			790	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,784	1,210	6,433	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 3:39 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	126,641,935	2,199,913	128,841,848	3,176,659.00	40.56 1.00
2.00	Non-physician anesthetist Part A		6,055,225	0	6,055,225	49,284.00	122.86 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		710,757	0	710,757	3,783.00	187.88 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		20,681,766	0	20,681,766	80,038.00	258.40 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	881,310	881,310	31,325.00	28.13 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		10,699,785	-1,182,818	9,516,967	219,773.00	43.30 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,129,610	0	9,129,610	131,191.00	69.59 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		549,104	0	549,104	2,791.00	196.74 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		2,131,116	0	2,131,116	23,784.00	89.60 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,404,753	0	22,404,753		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,797,967	0	1,797,967		
20.00	Non-physician anesthetist Part A		748,854	0	748,854		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		79,093	0	79,093		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,290,261	0	2,290,261		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		263,737	0	263,737		
25.50	Home office wage-related (core)		218,152	0	218,152		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 3:39 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	960,034	2,162,444	3,122,478	104,083.00	30.00	26.00
27.00	Administrative & General	5.00	9,370,155	-300,284	9,069,871	332,072.00	27.31	27.00
28.00	Administrative & General under contract (see inst.)		352,609	0	352,609	1,525.00	231.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,339,825	0	2,339,825	87,880.00	26.63	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,895,081	0	1,895,081	117,166.00	16.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,065,240	-1,699,546	365,694	38,791.00	9.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,699,546	1,699,546	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	2,245,556	300,284	2,545,840	57,246.00	44.47	38.00
39.00	Central Services and Supply	14.00	534,659	0	534,659	27,622.00	19.36	39.00
40.00	Pharmacy	15.00	2,984,176	0	2,984,176	68,182.00	43.77	40.00
41.00	Medical Records & Medical Records Library	16.00	2,492,293	0	2,492,293	91,874.00	27.13	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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 3:39 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)	100,257,553	1,318,603	101,576,156	3,017,537.00	33.66	1.00
2.00	Excluded area salaries (see instructions)	10,699,785	-1,182,818	9,516,967	219,773.00	43.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,557,768	2,501,421	92,059,189	2,797,764.00	32.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,809,830	0	11,809,830	157,766.00	74.86	4.00
5.00	Subtotal wage-related costs (see inst.)	22,701,998	0	22,701,998	0.00	24.66	5.00
6.00	Total (sum of lines 3 thru 5)	124,069,596	2,501,421	126,571,017	2,955,530.00	42.83	6.00
7.00	Total overhead cost (see instructions)	25,239,628	2,162,444	27,402,072	926,441.00	29.58	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2022 3:39 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 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)		655,465	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		319,813	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)		16,363,252	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		490,515	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		101,011	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)		692,952	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		575,777	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		8,352,862	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		33,017	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,584,664	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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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

Health Financial Systems		DECATUR MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/25/2022 3:39 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)			0.219705	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			30,336,949	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			187,506,129	6.00
7.00	Medicaid cost (line 1 times line 6)			41,196,034	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			10,859,085	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,859,085	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)	2,353,477	504,307	2,857,784	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	517,071	504,307	1,021,378	21.00
22.00	Payments received from patients for amounts previously written off as charity care	2,263	87,487	89,750	22.00
23.00	Cost of charity care (line 21 minus line 22)	514,808	416,820	931,628	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)			13,140,459	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,479,286	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,275,826	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,864,633	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,183,554	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,115,182	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,974,267	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,741,692	14,741,692	-13,262,190	1,479,502	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,822,085	2,822,085	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	960,034	20,697,544	21,657,578	-600	21,656,978	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,370,155	18,727,406	28,097,561	10,116,593	38,214,154	5.00
7.00	00700	OPERATION OF PLANT	2,339,825	9,290,696	11,630,521	-2,530	11,627,991	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,041,296	1,041,296	-102	1,041,194	8.00
9.00	00900	HOUSEKEEPING	1,895,081	647,816	2,542,897	-27,537	2,515,360	9.00
10.00	01000	DIETARY	2,065,240	1,582,883	3,648,123	-3,018,311	629,812	10.00
11.00	01100	CAFETERIA	0	0	0	3,002,146	3,002,146	11.00
13.00	01300	NURSING ADMINISTRATION	2,245,556	328,762	2,574,318	297,476	2,871,794	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	534,659	4,532,673	5,067,332	-2,868,029	2,199,303	14.00
15.00	01500	PHARMACY	2,984,176	13,053,102	16,037,278	-12,390,515	3,646,763	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,492,293	1,068,023	3,560,316	-360	3,559,956	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	6,055,225	6,055,225	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	881,310	881,310	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,973,256	4,973,256	22.00
23.00	02301	PARAMED ED PRGM-CRNA	518,406	66,169	584,575	0	584,575	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	20,922	6,027	26,949	0	26,949	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,908,615	5,345,501	15,254,116	-781,049	14,473,067	30.00
31.00	03100	INTENSIVE CARE UNIT	4,785,358	1,932,138	6,717,496	-530,446	6,187,050	31.00
32.00	03200	CORONARY CARE UNIT	3,039,408	1,387,690	4,427,098	-131,843	4,295,255	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	39,188	39,188	-31,800	7,388	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,346,173	19,068,857	24,415,030	-12,221,991	12,193,039	50.00
50.01	05001	ORTHO MEDICAL	82	-1,798	-1,716	1,716	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,950	23,950	432,656	456,606	52.00
53.00	05300	ANESTHESIOLOGY	6,951,212	893,290	7,844,502	-6,259,826	1,584,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,915,881	8,994,939	16,910,820	-1,100,623	15,810,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,352,528	1,954,429	3,306,957	-40,144	3,266,813	55.00
60.00	06000	LABORATORY	3,438,117	6,601,373	10,039,490	0	10,039,490	60.00
65.00	06500	RESPIRATORY THERAPY	1,380,801	591,310	1,972,111	-214,655	1,757,456	65.00
66.00	06600	PHYSICAL THERAPY	3,259,209	737,355	3,996,564	479,555	4,476,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	-18,475	17,618	-857	857	0	67.00
68.00	06800	SPEECH PATHOLOGY	-17,533	10,059	-7,474	7,474	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,203,225	849,012	3,052,237	-60,305	2,991,932	69.00
69.01	06901	CATH LAB	1,294,660	3,469,708	4,764,368	-2,954,429	1,809,939	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	590,755	162,360	753,115	-74,812	678,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,033,300	7,033,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,415,950	16,415,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,846,567	11,846,567	73.00
74.00	07400	RENAL DIALYSIS	0	741,966	741,966	-10,790	731,176	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,658,973	2,215,856	5,874,829	-1,419,496	4,455,333	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	80,877	1,283,180	1,364,057	-151,561	1,212,496	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-37,469	352,904	315,435	0	315,435	90.01
90.02	09002	DMG PHYSICIAN GROUP	32,046,537	14,001,711	46,048,248	0	46,048,248	90.02
91.00	09100	EMERGENCY	3,876,197	5,498,313	9,374,510	-327,117	9,047,393	91.00
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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,481,478	161,954,998	278,436,476	6,485,105	284,921,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,251	414,333	451,584	0	451,584	190.00
190.01	19001	SU CLINIC	881,310	5,407,463	6,288,773	-5,854,566	434,207	190.01
190.02	19002	WOMEN'S CENTER	82,566	47,301	129,867	0	129,867	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	1,174	1,174	0	1,174	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	66,426	66,426	0	66,426	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	49,958	49,958	0	49,958	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	126,987	2,968,506	3,095,493	0	3,095,493	190.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
2/25/2022 3:39 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	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	1,445,213	532,094	1,977,307	0	1,977,307	190.15
190.16	19016	CANCER CARE INSTITUTE	332,523	24,703	357,226	0	357,226	190.16
190.17	19017	INTEGRATED CENTER	231,672	536,524	768,196	-527,161	241,035	190.17
190.18	19019	340B ADMINISTRATION	42,131	1,784,164	1,826,295	0	1,826,295	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	930,392	151,866	1,082,258	0	1,082,258	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,050,412	5,363,411	11,413,823	-103,378	11,310,445	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	126,641,935	179,302,921	305,944,856	0	305,944,856	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
2/25/2022 3:39 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	3,849,570	5,329,072	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,942,517	8,764,602	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,937,232	11,719,746	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,768,149	27,446,005	5.00
7.00	00700	OPERATION OF PLANT	-200,574	11,427,417	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,041,194	8.00
9.00	00900	HOUSEKEEPING	0	2,515,360	9.00
10.00	01000	DIETARY	-10,128	619,684	10.00
11.00	01100	CAFETERIA	-1,613,218	1,388,928	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,871,794	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,199,303	14.00
15.00	01500	PHARMACY	0	3,646,763	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,826	3,558,130	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-6,055,225	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	881,310	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,973,256	22.00
23.00	02301	PARAMED ED PRGM-CRNA	-584,575	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	0	26,949	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-90,445	14,382,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,187,050	31.00
32.00	03200	CORONARY CARE UNIT	0	4,295,255	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	7,388	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,000	12,188,039	50.00
50.01	05001	ORTHO MEDICAL	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	456,606	52.00
53.00	05300	ANESTHESIOLOGY	-347,264	1,237,412	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,381,514	14,428,683	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-50,515	3,216,298	55.00
60.00	06000	LABORATORY	-2,020	10,037,470	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,757,456	65.00
66.00	06600	PHYSICAL THERAPY	-10,340	4,465,779	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,991,932	69.00
69.01	06901	CATH LAB	0	1,809,939	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	678,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,068,198	5,965,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,415,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,846,567	73.00
74.00	07400	RENAL DIALYSIS	0	731,176	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,455,333	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-400	1,212,096	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-147,993	167,442	90.01
90.02	09002	DMG PHYSICIAN GROUP	-24,451,759	21,596,489	90.02
91.00	09100	EMERGENCY	-3,185,111	5,862,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-50,119,399	234,802,182	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	451,584	190.00
190.01	19001	SIU CLINIC	0	434,207	190.01
190.02	19002	WOMEN'S CENTER	0	129,867	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	1,174	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	66,426	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	49,958	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,095,493	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	190.14

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.15	19015	CORPORATE HEALTH	0	1,977,307	190.15
190.16	19016	CANCER CARE INSTITUTE	0	357,226	190.16
190.17	19017	INTEGRATED CENTER	0	241,035	190.17
190.18	19019	340B ADMINISTRATION	0	1,826,295	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	190.19
191.00	19100	RESEARCH	0	1,082,258	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,310,445	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-50,119,399	255,825,457	200.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/25/2022 3:39 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
		A - CAPITAL COSTS				
1.00		CAP REL COSTS-MVBLE EQUIP	2.00	0	2,822,085	1.00
		0		0	2,822,085	
		B - CAPA STATE BED TAX				
1.00		ADMINISTRATIVE & GENERAL	5.00	0	10,440,105	1.00
		0		0	10,440,105	
		C - ANESTHESIA-RN SALARY				
1.00		NONPHYSICIAN ANESTHETISTS	19.00	6,055,225	0	1.00
		0		6,055,225	0	
		D - DRUGS CHARGED TO PATIENTS				
1.00		DRUGS CHARGED TO PATIENTS	73.00	0	11,846,567	1.00
		0		0	11,846,567	
		E - MEDICAL EDUCATION				
1.00		I&R SERVICES-SALARY & FRINGES APPRV	21.00	881,310	0	1.00
2.00		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,973,256	2.00
		0		881,310	4,973,256	
		G - CAFETERIA RECLASS				
1.00		CAFETERIA	11.00	1,699,546	1,302,600	1.00
		0		1,699,546	1,302,600	
		H - CHIEF NURSING SALARY				
1.00		NURSING ADMINISTRATION	13.00	300,284	0	1.00
		0		300,284	0	
		I - INTEGRATIVE CENTER				
1.00		PHYSICAL THERAPY	66.00	198,130	329,031	1.00
		0		198,130	329,031	
		J - MEDICAL DIRECTOR				
1.00		ADULTS & PEDIATRICS	30.00	103,378	0	1.00
		0		103,378	0	
		K - LABOR AND DELIVERY				
1.00		DELIVERY ROOM & LABOR ROOM	52.00	361,122	94,296	1.00
		0		361,122	94,296	
		L - MEDICAL SUPPLIES				
1.00		MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,449,250	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
17.00			0.00	0	0	17.00
18.00			0.00	0	0	18.00
19.00			0.00	0	0	19.00
20.00			0.00	0	0	20.00
21.00			0.00	0	0	21.00
22.00			0.00	0	0	22.00
23.00			0.00	0	0	23.00
24.00			0.00	0	0	24.00
25.00			0.00	0	0	25.00
26.00			0.00	0	0	26.00
27.00			0.00	0	0	27.00
28.00			0.00	0	0	28.00
29.00			0.00	0	0	29.00
30.00			0.00	0	0	30.00
		0		0	23,449,250	
		M - IMPLANTS				
1.00		IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,415,950	1.00
		0		0	16,415,950	
		N - INCENTIVES FOR EMPLOYEES				
1.00		EMPLOYEE BENEFITS DEPARTMENT	4.00	2,162,444	0	1.00
		0		2,162,444	0	

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 3:39 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0 - EXPRESS CARE RECLASS					
1.00	DMG EXPRESS CARE PHYSICIAN GROUP	90.01	37,469	0	1.00
	TOTALS		37,469	0	
P - THERAPY RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	18,475	0	1.00
2.00	SPEECH PATHOLOGY	68.00	17,533	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	9,079	3.00
4.00		0.00	0	0	4.00
	TOTALS		36,008	9,079	
Q - ORTHO RECLASS					
1.00	OPERATING ROOM	50.00	82	0	1.00
2.00	ORTHO MEDICAL	50.01	0	1,798	2.00
	TOTALS		82	1,798	
500.00	Grand Total: Increases		11,834,998	71,684,017	500.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/25/2022 3:39 pm

	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - CAPITAL COSTS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,822,085	9			1.00
	0		0	2,822,085				
	B - CAPA STATE BED TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,440,105	9			1.00
	0		0	10,440,105				
	C - ANESTHESIA-RN SALARY							
1.00	ANESTHESIOLOGY	53.00	6,055,225	0	0			1.00
	0		6,055,225	0				
	D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	11,846,567	0			1.00
	0		0	11,846,567				
	E - MEDICAL EDUCATION							
1.00	SIU CLINIC	190.01	881,310	4,973,256	0			1.00
2.00		0.00	0	0	0			2.00
	0		881,310	4,973,256				
	G - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,699,546	1,302,600	0			1.00
	0		1,699,546	1,302,600				
	H - CHIEF NURSING SALARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	300,284	0	0			1.00
	0		300,284	0				
	I - INTEGRATIVE CENTER							
1.00	INTEGRATED CENTER	190.17	198,130	329,031	0			1.00
	0		198,130	329,031				
	J - MEDICAL DIRECTOR							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	103,378	0	0			1.00
	0		103,378	0				
	K - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	361,122	94,296	0			1.00
	0		361,122	94,296				
	L - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	600	0			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	23,228	0			2.00
3.00	OPERATION OF PLANT	7.00	0	2,530	0			3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	102	0			4.00
5.00	HOUSEKEEPING	9.00	0	27,537	0			5.00
6.00	DIETARY	10.00	0	16,165	0			6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,808	0			7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,868,029	0			8.00
9.00	PHARMACY	15.00	0	543,948	0			9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	360	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	0	429,009	0			11.00
12.00	INTENSIVE CARE UNIT	31.00	0	530,446	0			12.00
13.00	CORONARY CARE UNIT	32.00	0	131,843	0			13.00
14.00	NURSERY	43.00	0	31,800	0			14.00
15.00	OPERATING ROOM	50.00	0	12,220,275	0			15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,762	0			16.00
17.00	ANESTHESIOLOGY	53.00	0	204,601	0			17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,100,623	0			18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	40,144	0			19.00
20.00	RESPIRATORY THERAPY	65.00	0	214,655	0			20.00
21.00	PHYSICAL THERAPY	66.00	0	20,677	0			21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	11,433	0			22.00
23.00	SPEECH PATHOLOGY	68.00	0	7,165	0			23.00
24.00	ELECTROCARDIOLOGY	69.00	0	60,305	0			24.00
25.00	CATH LAB	69.01	0	2,954,429	0			25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	74,812	0			26.00
27.00	RENAL DIALYSIS	74.00	0	10,790	0			27.00
28.00	ASC (NON-DISTINCT PART)	75.00	0	1,419,496	0			28.00
29.00	CLINIC	90.00	0	151,561	0			29.00
30.00	EMERGENCY	91.00	0	327,117	0			30.00
	0		0	23,449,250				
	M - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,415,950	0			1.00
	0		0	16,415,950				
	N - INCENTIVES FOR EMPLOYEES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,162,444	0			1.00
	0		0	2,162,444				
	O - EXPRESS CARE RECLASS							
1.00	DMG EXPRESS CARE PHYSICIAN GROUP	90.01	0	37,469	0			1.00
	TOTALS		0	37,469				

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 3:39 pm

	Decreases						2/28/2022 0:00 pm
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	P - THERAPY RECLASS						
1.00	PHYSICAL THERAPY	66.00	18,475	0	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	6,185	0		2.00
3.00	SPEECH PATHOLOGY	68.00	0	2,894	0		3.00
4.00	PHYSICAL THERAPY	66.00	17,533	0	0		4.00
	TOTALS		36,008	9,079			
	Q - ORTHO RECLASS						
1.00	ORTHO MEDICAL	50.01	82	0	0		1.00
2.00	OPERATING ROOM	50.00	0	1,798	0		2.00
	TOTALS		82	1,798			
500.00	Grand Total: Decreases		9,635,085	73,883,930			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 3:39 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,883,000	-130,000	0	-130,000	0	1.00	
2.00	Land Improvements	34,585	-18,146	0	-18,146	0	2.00	
3.00	Buildings and Fixtures	10,783,079	7,709,138	0	7,709,138	0	3.00	
4.00	Building Improvements	190,800	66,100	0	66,100	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	20,301,705	1,402,564	0	1,402,564	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	37,193,169	9,029,656	0	9,029,656	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	37,193,169	9,029,656	0	9,029,656	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,753,000	0					1.00
2.00	Land Improvements	16,439	0					2.00
3.00	Buildings and Fixtures	18,492,217	0					3.00
4.00	Building Improvements	256,900	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	21,704,269	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	46,222,825	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	46,222,825	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 3:39 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	4,299,772	0	1,815	0	10,440,105	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,299,772	0	1,815	0	10,440,105	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	14,741,692				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,741,692				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 3:39 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	24,518,556	0	24,518,556	0.530443	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	21,704,269	0	21,704,269	0.469557	0	2.00
3.00	Total (sum of lines 1-2)	46,222,825	0	46,222,825	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	-5,259,172	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,579,264	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,320,092	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	1,815	0	10,440,105	146,324	5,329,072	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	185,338	8,764,602	2.00
3.00	Total (sum of lines 1-2)	1,815	0	10,440,105	331,662	14,093,674	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-451	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-1,068,198	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	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)	B	-74,934	ADMINISTRATIVE & GENERAL	5.00	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	-27,652,156			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	3,780,379			0	12.00
13.00	Laundry and linen service	A	0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,598,994	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			0MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,826	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-584,575	PARAMED ED PRGM-CRNA	23.00	0	19.00
20.00	Vending machines	B	-14,224	CAFETERIA	11.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-6,055,225	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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	A&G - OTHER REVENUE	B	-3,434,239	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 3:39 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 LABO-OTHER REVENUE	B	-2,020	LABORATORY	60.00	0	33.01
33.02 MISC ACCOUNTING REVENUE	B	-31,661	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 ENGR-OTHER REVENUE	B	-125,423	OPERATION OF PLANT	7.00	0	33.03
33.04 ENGR-GROUND LEASE	B	-75,151	OPERATION OF PLANT	7.00	0	33.04
33.05 DIET-OTHER REVENUE	B	-10,128	DIETARY	10.00	0	33.05
33.06 PEDS-OTHER REVENUE	B		NURSING ADMINISTRATION	13.00	0	33.06
33.07 OBGY-OTHER REVENUE	B	-2,085	ADULTS & PEDIATRICS	30.00	0	33.07
33.08 XRAY-OTHER REVENUE	B	-40	ADULTS & PEDIATRICS	30.00	0	33.08
33.09 SIUR-OTHER REVENUE	B		OPERATING ROOM	50.00	0	33.09
33.10 CANC-OTHER REVENUE	B	-1,380,594	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11 SPOR-OTHER REVENUE	B	-400	CLINIC	90.00	0	33.11
33.12 DMG - OTHER REVENUE	B	-19,623	RADIOLOGY-THERAPEUTIC	55.00	0	33.12
33.13 ER - OTHER REVENUE	B	-10,340	PHYSICAL THERAPY	66.00	0	33.13
33.14 LABO-OTHER REVENUE	B	-98,683	DMG PHYSICIAN GROUP	90.02	0	33.14
33.15 TRAU-OTHER REVENUE	B	-80,155	EMERGENCY	91.00	0	33.15
33.16 Hospital Lobbying Dues	A	-47,572	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 TRAUMA CENTER ASSN OF AMERICA DUES	A	-920	EMERGENCY	91.00	0	33.17
33.18 Advertising	A	-75,436	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 DMG ADVERTISING	A	-709	DMG PHYSICIAN GROUP	90.02	0	33.19
33.20 Non Allowable Marketing	A	-42,000	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21 CRNA Benefits	A	-498,316	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22 CRNA Accruals	A	-6,865	ANESTHESIOLOGY	53.00	0	33.22
33.23 CRNA FICA	A	-340,399	ANESTHESIOLOGY	53.00	0	33.23
33.24 Illinois Provider Tax Exp	A	-10,440,105	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25 SELF INSURANCE	A	-9,438,763	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26 MEDICARE DEPRECIATION	A	3,703,246	CAP REL COSTS-BLDG & FIXT	1.00	9	33.26
33.27 MEDICARE DEPRECIATION	A	5,757,179	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.27
33.28 DFNR OTHER REVENUE	B	-147,993	DMG EXPRESS CARE PHYSICIAN GROUP	90.01	0	33.28
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-50,119,399				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: 14-0135

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 3:39 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	CAPITAL EXPENSES	146,324	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL EXPENSES	185,338	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE EXPENSES	3,448,717	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,780,379	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.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
	1.00	2.00	3.00	Name	Percentage of Ownership	
	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	MEMORIAL HEALTH	0.00	MEMORIAL HEALTH	0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0135

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 3:39 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	146,324	14		1.00
2.00	185,338	14		2.00
3.00	3,448,717	0		3.00
4.00	0	0		4.00
5.00	3,780,379			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 3:39 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	153	153	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	70,468	70,468	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	88,320	88,320	0	0	0	3.00
4.00	50.00	OPERATING ROOM	5,000	5,000	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	920	920	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	30,892	30,892	0	0	0	6.00
7.00	90.02	DMG PHYSICIAN GROUP	24,352,367	24,352,367	0	0	0	7.00
8.00	91.00	EMERGENCY	3,104,036	3,104,036	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			27,652,156	27,652,156	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	153		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	70,468		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	88,320		3.00
4.00	50.00	OPERATING ROOM	0	0	0	5,000		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	920		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	30,892		6.00
7.00	90.02	DMG PHYSICIAN GROUP	0	0	0	24,352,367		7.00
8.00	91.00	EMERGENCY	0	0	0	3,104,036		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	27,652,156		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,329,072	5,329,072			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,764,602		8,764,602		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,719,746	49,562	521	11,769,829	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,446,005	416,574	3,379,835	1,308,746	5.00
7.00	00700	OPERATION OF PLANT	11,427,417	335,332	486,359	337,627	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,041,194	73,202	0	0	8.00
9.00	00900	HOUSEKEEPING	2,515,360	673,514	5,861	273,453	9.00
10.00	01000	DIETARY	619,684	346,035	35,072	66,482	10.00
11.00	01100	CAFETERIA	1,388,928	0	0	231,524	11.00
13.00	01300	NURSING ADMINISTRATION	2,871,794	63,988	238,272	367,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,199,303	180,516	142,679	77,149	14.00
15.00	01500	PHARMACY	3,646,763	27,224	297,212	430,605	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,558,130	43,163	2,607	359,628	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	881,310	0	0	127,170	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,973,256	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	0	0	74,804	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	26,949	0	0	3,019	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,382,622	781,247	72,840	1,377,674	30.00
31.00	03100	INTENSIVE CARE UNIT	6,187,050	124,044	124,900	690,508	31.00
32.00	03200	CORONARY CARE UNIT	4,295,255	120,856	7,172	438,574	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	7,388	14,624	3,323	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,188,039	480,224	1,896,621	771,443	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	22,687	1,368	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	456,606	28,841	0	52,108	52.00
53.00	05300	ANESTHESIOLOGY	1,237,412	23,641	171,107	129,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,428,683	386,232	763,984	1,142,230	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,216,298	85,639	42,516	195,164	55.00
60.00	06000	LABORATORY	10,037,470	120,972	137,675	496,107	60.00
65.00	06500	RESPIRATORY THERAPY	1,757,456	0	31,773	199,244	65.00
66.00	06600	PHYSICAL THERAPY	4,465,779	119,960	21,650	493,684	66.00
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	2,991,932	125,800	230,445	317,917	69.00
69.01	06901	CATH LAB	1,809,939	133,037	320,628	186,814	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	678,303	20,383	76,484	85,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,965,102	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,415,950	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,846,567	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	731,176	0	4,847	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,455,333	107,093	132,634	527,975	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,212,096	0	17,494	11,670	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	167,442	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	21,596,489	0	0	0	90.02
91.00	09100	EMERGENCY	5,862,282	349,025	80,884	559,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,802,182	5,253,415	8,726,763	11,332,525	234,251,382
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	451,584	40,580	1,170	5,375	498,709
190.01	19001	SIU CLINIC	434,207	0	285	0	434,492
190.02	19002	WOMEN'S CENTER	129,867	0	0	11,914	141,781
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	1,174	0	0	0	1,174
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	66,426	0	8,840	0	75,266
190.08	19008	PULMONARY EXTENDED CARE	0	9,156	0	0	9,156
190.09	19009	SHORE	49,958	0	0	0	49,958

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
190.10	19010	PHYSICIAN RECRUITMENT	0	0	61	0	61	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	3,095,493	0	17	18,324	3,113,834	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	1,977,307	0	20,245	208,538	2,206,090	190.15
190.16	19016	CANCER CARE INSTITUTE	357,226	5,584	0	47,982	410,792	190.16
190.17	19017	INTEGRATED CENTER	241,035	0	1,814	4,840	247,689	190.17
190.18	19019	340B ADMINISTRATION	1,826,295	0	0	6,079	1,832,374	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	1,082,258	20,337	5,407	134,252	1,242,254	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,310,445	0	0	0	11,310,445	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	255,825,457	5,329,072	8,764,602	11,769,829	255,825,457	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,551,160					5.00
7.00	00700	OPERATION OF PLANT	1,835,020	14,421,755				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	162,468	233,171	1,510,035			8.00
9.00	00900	HOUSEKEEPING	505,627	2,145,342	0	6,119,157		9.00
10.00	01000	DIETARY	155,598	1,102,225	179	560,039	2,885,314	10.00
11.00	01100	CAFETERIA	236,246	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	516,302	203,821	0	103,561	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	379,003	574,997	0	292,155	0	14.00
15.00	01500	PHARMACY	641,739	86,716	0	44,061	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	577,843	137,486	0	69,857	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	147,026	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	725,051	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	10,906	0	0	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	4,369	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,422,211	2,488,501	372,392	1,264,403	1,833,491	30.00
31.00	03100	INTENSIVE CARE UNIT	1,038,973	395,116	104,662	200,758	342,293	31.00
32.00	03200	CORONARY CARE UNIT	708,810	384,962	103,598	195,599	346,796	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	3,694	46,582	10,369	23,668	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,235,883	1,529,655	161,546	777,216	19,173	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,507	72,264	65,454	36,717	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,370	91,868	0	46,678	0	52.00
53.00	05300	ANESTHESIOLOGY	227,643	75,302	0	38,261	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,437,773	1,230,261	151,751	625,094	21,916	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	516,041	272,786	48,482	138,602	0	55.00
60.00	06000	LABORATORY	1,573,398	385,332	0	195,787	0	60.00
65.00	06500	RESPIRATORY THERAPY	289,899	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	743,685	382,108	88,530	194,149	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	534,480	400,711	107,275	203,601	0	69.00
69.01	06901	CATH LAB	357,246	423,762	0	215,313	12,989	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	125,440	64,926	26,641	32,989	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	869,652	0	0	0	2,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,393,281	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,727,111	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	107,305	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	761,466	341,122	91,079	173,323	118,272	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	180,963	0	3,290	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	24,411	0	10,043	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	3,148,553	0	2,830	0	0	90.02
91.00	09100	EMERGENCY	998,882	1,111,749	117,690	564,878	188,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,405,875	14,180,765	1,465,811	5,996,709	2,885,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,707	129,259	0	65,677	0	190.00
190.01	19001	SIU CLINIC	63,345	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	20,670	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	171	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	10,973	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	1,335	29,165	0	14,819	0	190.08
190.09	19009	SHORE	7,283	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	9	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	453,966	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14

COST ALLOCATION - GENERAL SERVICE COSTS

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To 09/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.15	19015	CORPORATE HEALTH	321,626	0	5,490	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	59,889	17,788	0	9,038	0	190.16
190.17	19017	INTEGRATED CENTER	36,111	0	26,315	0	0	190.17
190.18	19019	340B ADMINISTRATION	267,142	0	0	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	181,108	64,778	0	32,914	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,648,950	0	12,419	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	32,551,160	14,421,755	1,510,035	6,119,157	2,885,314	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,856,698					11.00
13.00	01300	NURSING ADMINISTRATION	41,191	4,406,284				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,899	0	3,865,701			14.00
15.00	01500	PHARMACY	49,118	0	7,107	5,230,545		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	66,184	0	2,089	0	4,816,987	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	4,390	0	2,559	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	719	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	251,147	2,536,719	7,679	0	127,207	30.00
31.00	03100	INTENSIVE CARE UNIT	89,994	1,060,243	5,303	0	66,068	31.00
32.00	03200	CORONARY CARE UNIT	59,576	702,000	2,499	0	44,809	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	170	0	6,917	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	123,363	0	37,802	44,984	727,894	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,648	0	0	0	40,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	126	0	20,197	52.00
53.00	05300	ANESTHESIOLOGY	40,756	0	20,121	0	46,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,949	0	264,023	603,632	1,143,984	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,113	0	3,283	337	95,129	55.00
60.00	06000	LABORATORY	90,084	0	293,736	0	662,732	60.00
65.00	06500	RESPIRATORY THERAPY	29,474	0	6,227	0	100,005	65.00
66.00	06600	PHYSICAL THERAPY	72,882	0	1,102	0	145,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45,506	0	929	45,386	179,623	69.00
69.01	06901	CATH LAB	23,495	0	31,244	15,013	107,426	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,490	0	1,636	0	32,848	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	941,049	0	47,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,196,442	0	162,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,941,304	266,223	73.00
74.00	07400	RENAL DIALYSIS	0	0	5	0	8,825	74.00
75.00	07500	ASC (NON-DISTINCT PART)	73,092	107,322	3,762	0	126,678	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,323	0	359	0	46,967	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	934	90.01
90.02	09002	DMG PHYSICIAN GROUP	324,016	0	18,452	80	313,097	90.02
91.00	09100	EMERGENCY	79,550	0	5,676	0	296,709	91.00
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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,701,959	4,406,284	3,853,380	4,650,736	4,816,987	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,633	0	7,088	0	0	190.00
190.01	19001	SIU CLINIC	22,566	0	1	0	0	190.01
190.02	19002	WOMEN'S CENTER	1,903	0	86	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	84	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	3,521	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	30,343	0	0	3,742	0	190.15
190.16	19016	CANCER CARE INSTITUTE	9,455	0	7	0	0	190.16
190.17	19017	INTEGRATED CENTER	5,439	0	2,361	0	0	190.17
190.18	19019	340B ADMINISTRATION	1,498	0	0	576,067	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	26,012	0	313	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52,369	0	2,381	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,856,698	4,406,284	3,865,701	5,230,545	4,816,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	PARAMED ED PRGM	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			19.00	21.00	22.00	23.00	23.01
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		1,155,506			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			5,698,307		22.00
23.00	02301	PARAMED ED PRGM-CRNA				92,659	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)					35,056
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,155,506	5,698,307	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	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	92,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE				0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,155,506	5,698,307	92,659	35,056
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SIU CLINIC	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	190.08
190.09	19009	SHORE	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				19.00	21.00	22.00	23.00	23.01
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	0	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,155,506	5,698,307	92,659	35,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
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	02301	PARAMED ED PRGM-CRNA				23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,771,946	-6,853,813	27,918,133	30.00
31.00	03100	INTENSIVE CARE UNIT	10,429,912	0	10,429,912	31.00
32.00	03200	CORONARY CARE UNIT	7,410,506	0	7,410,506	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	116,735	0	116,735	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,993,843	0	20,993,843	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	50.01
51.00	05100	RECOVERY ROOM	244,526	0	244,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	774,794	0	774,794	52.00
53.00	05300	ANESTHESIOLOGY	2,102,376	0	2,102,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,373,512	0	23,373,512	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,639,390	0	4,639,390	55.00
60.00	06000	LABORATORY	13,993,293	0	13,993,293	60.00
65.00	06500	RESPIRATORY THERAPY	2,414,078	0	2,414,078	65.00
66.00	06600	PHYSICAL THERAPY	6,728,795	0	6,728,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,183,605	0	5,183,605	69.00
69.01	06901	CATH LAB	3,636,906	0	3,636,906	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,159,384	0	1,159,384	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,825,457	0	7,825,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,168,444	0	21,168,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,816,261	0	17,816,261	73.00
74.00	07400	RENAL DIALYSIS	852,158	0	852,158	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,019,151	0	7,019,151	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,475,162	0	1,475,162	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	202,830	0	202,830	90.01
90.02	09002	DMG PHYSICIAN GROUP	25,403,517	0	25,403,517	90.02
91.00	09100	EMERGENCY	10,214,985	0	10,214,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	229,951,566	-6,853,813	223,097,753	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	775,073	0	775,073	190.00
190.01	19001	SIU CLINIC	520,404	0	520,404	190.01
190.02	19002	WOMEN'S CENTER	164,440	0	164,440	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	1,345	0	1,345	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	86,239	0	86,239	190.07
190.08	19008	PULMONARY EXTENDED CARE	54,475	0	54,475	190.08
190.09	19009	SHORE	57,325	0	57,325	190.09
190.10	19010	PHYSICIAN RECRUITMENT	70	0	70	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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2/25/2022 3:39 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
190.12	19012	CCOP FISCAL INTERMEDIARY	3,571,321	0	3,571,321		190.12
190.13	19013	ELDERLY SERVICES	0	0	0		190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0		190.14
190.15	19015	CORPORATE HEALTH	2,567,291	0	2,567,291		190.15
190.16	19016	CANCER CARE INSTITUTE	506,969	0	506,969		190.16
190.17	19017	INTEGRATED CENTER	317,915	0	317,915		190.17
190.18	19019	340B ADMINISTRATION	2,677,081	0	2,677,081		190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0		190.19
191.00	19100	RESEARCH	1,547,379	0	1,547,379		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,026,564	0	13,026,564		192.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	255,825,457	-6,853,813	248,971,644		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,562	521	50,083	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	416,574	3,379,835	3,796,409	5.00
7.00	00700	OPERATION OF PLANT	0	335,332	486,359	821,691	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	73,202	0	73,202	8.00
9.00	00900	HOUSEKEEPING	0	673,514	5,861	679,375	9.00
10.00	01000	DIETARY	0	346,035	35,072	381,107	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	63,988	238,272	302,260	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	180,516	142,679	323,195	14.00
15.00	01500	PHARMACY	0	27,224	297,212	324,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43,163	2,607	45,770	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	02301	PARAMED ED PRGM-CRNA	0	0	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	781,247	72,840	854,087	30.00
31.00	03100	INTENSIVE CARE UNIT	0	124,044	124,900	248,944	31.00
32.00	03200	CORONARY CARE UNIT	0	120,856	7,172	128,028	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	14,624	3,323	17,947	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	480,224	1,896,621	2,376,845	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	22,687	1,368	24,055	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,841	0	28,841	52.00
53.00	05300	ANESTHESIOLOGY	0	23,641	171,107	194,748	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	386,232	763,984	1,150,216	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	85,639	42,516	128,155	55.00
60.00	06000	LABORATORY	0	120,972	137,675	258,647	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	31,773	31,773	65.00
66.00	06600	PHYSICAL THERAPY	0	119,960	21,650	141,610	66.00
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	125,800	230,445	356,245	69.00
69.01	06901	CATH LAB	0	133,037	320,628	453,665	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,383	76,484	96,867	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,847	4,847	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	107,093	132,634	239,727	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	17,494	17,494	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	349,025	80,884	429,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,253,415	8,726,763	13,980,178	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,580	1,170	41,750	190.00
190.01	19001	SIU CLINIC	0	0	285	285	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	8,840	8,840	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	9,156	0	9,156	190.08
190.09	19009	SHORE	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	61	61	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 3:39 pm

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	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	17	17	78	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	20,245	20,245	887	190.15
190.16	19016	CANCER CARE INSTITUTE	0	5,584	0	5,584	204	190.16
190.17	19017	INTEGRATED CENTER	0	0	1,814	1,814	21	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	26	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	0	20,337	5,407	25,744	571	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,329,072	8,764,602	14,093,674	50,083	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,801,978					5.00
7.00	00700	OPERATION OF PLANT	214,327	1,037,455				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,976	16,774	108,952			8.00
9.00	00900	HOUSEKEEPING	59,056	154,329	0	893,924		9.00
10.00	01000	DIETARY	18,174	79,291	13	81,814	560,682	10.00
11.00	01100	CAFETERIA	27,593	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	60,303	14,662	0	15,129	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,267	41,363	0	42,680	0	14.00
15.00	01500	PHARMACY	74,954	6,238	0	6,437	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,491	9,890	0	10,205	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,172	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	84,685	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	1,274	0	0	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	510	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	282,910	179,013	26,867	184,713	356,289	30.00
31.00	03100	INTENSIVE CARE UNIT	121,350	28,423	7,552	29,328	66,515	31.00
32.00	03200	CORONARY CARE UNIT	82,788	27,693	7,475	28,574	67,390	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	431	3,351	748	3,458	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	261,147	110,039	11,656	113,540	3,726	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	410	5,198	4,723	5,364	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,153	6,609	0	6,819	0	52.00
53.00	05300	ANESTHESIOLOGY	26,588	5,417	0	5,589	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	284,727	88,501	10,949	91,318	4,259	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	60,273	19,623	3,498	20,248	0	55.00
60.00	06000	LABORATORY	183,770	27,720	0	28,602	0	60.00
65.00	06500	RESPIRATORY THERAPY	33,860	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	86,861	27,488	6,388	28,362	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62,426	28,826	7,740	29,743	0	69.00
69.01	06901	CATH LAB	41,726	30,484	0	31,454	2,524	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,651	4,671	1,922	4,819	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	101,574	0	0	0	397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,531	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	201,723	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,533	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	88,938	24,539	6,572	25,320	22,983	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,136	0	237	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,851	0	725	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	367,807	0	204	0	0	90.02
91.00	09100	EMERGENCY	116,668	79,976	8,492	82,521	36,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,434,614	1,020,118	105,761	876,037	560,682	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,492	9,299	0	9,594	0	190.00
190.01	19001	SIU CLINIC	7,399	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,414	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	20	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	1,282	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	156	2,098	0	2,165	0	190.08
190.09	19009	SHORE	851	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	1	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	53,022	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.15	19015	CORPORATE HEALTH	37,565	0	396	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	6,995	1,280	0	1,320	0	190.16
190.17	19017	INTEGRATED CENTER	4,218	0	1,899	0	0	190.17
190.18	19019	340B ADMINISTRATION	31,202	0	0	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	21,153	4,660	0	4,808	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192,594	0	896	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,801,978	1,037,455	108,952	893,924	560,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	28,578					11.00
13.00	01300	NURSING ADMINISTRATION	634	394,551				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	306	0	452,139			14.00
15.00	01500	PHARMACY	756	0	831	415,484		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,019	0	244	0	136,149	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	68	0	299	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	11	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,866	227,145	898	0	3,593	30.00
31.00	03100	INTENSIVE CARE UNIT	1,385	94,937	620	0	1,866	31.00
32.00	03200	CORONARY CARE UNIT	917	62,859	292	0	1,266	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	20	0	195	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,899	0	4,421	3,573	20,560	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	25	0	0	0	1,155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15	0	570	52.00
53.00	05300	ANESTHESIOLOGY	627	0	2,353	0	1,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,677	0	30,880	47,948	32,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	387	0	384	27	2,687	55.00
60.00	06000	LABORATORY	1,387	0	34,355	0	18,720	60.00
65.00	06500	RESPIRATORY THERAPY	454	0	728	0	2,825	65.00
66.00	06600	PHYSICAL THERAPY	1,122	0	129	0	4,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	700	0	109	3,605	5,074	69.00
69.01	06901	CATH LAB	362	0	3,654	1,193	3,034	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	223	0	191	0	928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	110,064	0	1,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	256,906	0	4,598	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	313,076	7,520	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	0	249	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,125	9,610	440	0	3,578	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36	0	42	0	1,327	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	26	90.01
90.02	09002	DMG PHYSICIAN GROUP	4,987	0	2,158	6	8,844	90.02
91.00	09100	EMERGENCY	1,224	0	664	0	8,381	91.00
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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,197	394,551	450,698	369,428	136,149	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25	0	829	0	0	190.00
190.01	19001	SIU CLINIC	347	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	29	0	10	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	10	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	54	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	467	0	0	297	0	190.15
190.16	19016	CANCER CARE INSTITUTE	146	0	1	0	0	190.16
190.17	19017	INTEGRATED CENTER	84	0	276	0	0	190.17
190.18	19019	340B ADMINISTRATION	23	0	0	45,759	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	400	0	37	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	806	0	278	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,578	394,551	452,139	415,484	136,149	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	PARAMED ED PRGM	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			19.00	21.00	22.00	23.00	23.01
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		17,713			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			84,685		22.00
23.00	02301	PARAMED ED PRGM-CRNA				1,959	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)					534 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	ORTHO MEDICAL					50.01
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
60.00	06000	LABORATORY					60.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	06901	CATH LAB					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.00	07500	ASC (NON-DISTINCT PART)					75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP					90.01
90.02	09002	DMG PHYSICIAN GROUP					90.02
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.01	19001	SIU CLINIC					190.01
190.02	19002	WOMEN'S CENTER					190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE					190.03
190.04	19004	NON HOSPITAL PHARMACIES					190.04
190.05	19005	RENTAL PROPERTY					190.05
190.06	19006	DECATUR DIGESTIVE CENTER					190.06
190.07	19007	DMH MEDICAL EQUIPMENT					190.07
190.08	19008	PULMONARY EXTENDED CARE					190.08
190.09	19009	SHORE					190.09
190.10	19010	PHYSICIAN RECRUITMENT					190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE					190.11

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
190.12	19012	CCOP FISCAL INTERMEDIARY	19.00	21.00	22.00	23.00	23.01	190.12
190.13	19013	ELDERLY SERVICES						190.13
190.14	19014	REAL ESTATE MANAGEMENT						190.14
190.15	19015	CORPORATE HEALTH						190.15
190.16	19016	CANCER CARE INSTITUTE						190.16
190.17	19017	INTEGRATED CENTER						190.17
190.18	19019	340B ADMINISTRATION						190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM						190.19
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
200.00		Cross Foot Adjustments	0	17,713	84,685	1,959	534	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	17,713	84,685	1,959	534	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
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	02301	PARAMED ED PRGM-CRNA				23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,125,243	0	2,125,243	30.00
31.00	03100	INTENSIVE CARE UNIT	603,858	0	603,858	31.00
32.00	03200	CORONARY CARE UNIT	409,148	0	409,148	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	26,150	0	26,150	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,910,689	0	2,910,689	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	50.01
51.00	05100	RECOVERY ROOM	40,930	0	40,930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,229	0	52,229	52.00
53.00	05300	ANESTHESIOLOGY	237,177	0	237,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,748,735	0	1,748,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	236,112	0	236,112	55.00
60.00	06000	LABORATORY	555,312	0	555,312	60.00
65.00	06500	RESPIRATORY THERAPY	70,488	0	70,488	65.00
66.00	06600	PHYSICAL THERAPY	298,164	0	298,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	495,821	0	495,821	69.00
69.01	06901	CATH LAB	568,891	0	568,891	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	124,635	0	124,635	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,380	0	213,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	541,035	0	541,035	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	522,319	0	522,319	73.00
74.00	07400	RENAL DIALYSIS	17,630	0	17,630	74.00
75.00	07500	ASC (NON-DISTINCT PART)	425,079	0	425,079	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	40,322	0	40,322	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,602	0	3,602	90.01
90.02	09002	DMG PHYSICIAN GROUP	384,006	0	384,006	90.02
91.00	09100	EMERGENCY	766,814	0	766,814	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,417,769	0	13,417,769	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	70,012	0	70,012	190.00
190.01	19001	SIU CLINIC	8,031	0	8,031	190.01
190.02	19002	WOMEN'S CENTER	2,504	0	2,504	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	20	0	20	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	10,122	0	10,122	190.07
190.08	19008	PULMONARY EXTENDED CARE	13,575	0	13,575	190.08
190.09	19009	SHORE	861	0	861	190.09
190.10	19010	PHYSICIAN RECRUITMENT	62	0	62	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
190.12	19012	CCOP FISCAL INTERMEDIARY	53,171	0	53,171		190.12
190.13	19013	ELDERLY SERVICES	0	0	0		190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0		190.14
190.15	19015	CORPORATE HEALTH	59,857	0	59,857		190.15
190.16	19016	CANCER CARE INSTITUTE	15,530	0	15,530		190.16
190.17	19017	INTEGRATED CENTER	8,312	0	8,312		190.17
190.18	19019	340B ADMINISTRATION	77,010	0	77,010		190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0		190.19
191.00	19100	RESEARCH	57,373	0	57,373		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	194,574	0	194,574		192.00
200.00		Cross Foot Adjustments	104,891	0	104,891		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	14,093,674	0	14,093,674		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	458,053				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,605,866			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	512	81,567,196		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,806	3,318,620	9,069,871	-32,551,160	5.00
7.00	00700	OPERATION OF PLANT	28,823	477,551	2,339,825	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	8.00
9.00	00900	HOUSEKEEPING	57,891	5,755	1,895,081	0	9.00
10.00	01000	DIETARY	29,743	34,437	460,732	0	10.00
11.00	01100	CAFETERIA	0	0	1,604,508	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	233,957	2,545,840	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	140,095	534,659	0	14.00
15.00	01500	PHARMACY	2,340	291,829	2,984,176	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	2,560	2,492,293	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	881,310	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	0	518,406	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	0	0	20,922	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,151	71,521	9,547,494	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	122,638	4,785,358	0	31.00
32.00	03200	CORONARY CARE UNIT	10,388	7,042	3,039,408	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	1,257	3,263	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,277	1,862,271	5,346,255	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,950	1,343	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	361,122	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	168,008	895,987	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	750,148	7,915,881	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	41,746	1,352,528	0	55.00
60.00	06000	LABORATORY	10,398	135,182	3,438,117	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	31,198	1,380,801	0	65.00
66.00	06600	PHYSICAL THERAPY	10,311	21,258	3,421,331	0	66.00
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	10,813	226,271	2,203,225	0	69.00
69.01	06901	CATH LAB	11,435	314,821	1,294,660	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	75,099	590,755	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,759	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,205	130,232	3,658,973	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	17,177	80,877	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	30,000	79,419	3,876,197	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	451,550	8,568,712	78,536,592	-32,551,160	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	1,149	37,251	0	190.00
190.01	19001	SIU CLINIC	0	280	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	82,566	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	8,680	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	0	0	190.08
190.09	19009	SHORE	0	0	0	0	190.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
190.10	19010	PHYSICIAN RECRUITMENT	0	60	0	0	61	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	17	126,987	0	3,113,834	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	19,878	1,445,213	0	2,206,090	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	332,523	0	410,792	190.16
190.17	19017	INTEGRATED CENTER	0	1,781	33,541	0	247,689	190.17
190.18	19019	340B ADMINISTRATION	0	0	42,131	0	1,832,374	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	1,748	5,309	930,392	0	1,242,254	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,310,445	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,329,072	8,764,602	11,769,829		32,551,160	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.634182	1.018445	0.144296		0.145790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,083		3,801,978	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000614		0.017028	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: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	389,164				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,280,611			8.00
9.00	00900	HOUSEKEEPING	57,891	0	324,981		9.00
10.00	01000	DIETARY	29,743	152	29,743	111,512	10.00
11.00	01100	CAFETERIA	0	0	0	123,912	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	02301	PARAMED ED PRGM-CRNA	0	0	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	48	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,151	315,815	67,151	70,861	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	88,760	10,662	13,229	31.00
32.00	03200	CORONARY CARE UNIT	10,388	87,858	10,388	13,403	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	1,257	8,794	1,257	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,277	137,002	41,277	741	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,950	55,509	1,950	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	128,695	33,198	847	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	41,116	7,361	0	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,311	75,079	10,311	0	66.00
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	10,813	90,976	10,813	0	69.00
69.01	06901	CATH LAB	11,435	0	11,435	502	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	22,593	1,752	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	79	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,205	77,241	9,205	4,571	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,790	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	8,517	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	2,400	0	0	90.02
91.00	09100	EMERGENCY	30,000	99,809	30,000	7,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	382,661	1,243,106	318,478	111,512	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	190.00
190.01	19001	SIU CLINIC	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	190.08
190.09	19009	SHORE	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	190.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	4,656	0	0	2,025	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	480	0	631	190.16
190.17	19017	INTEGRATED CENTER	0	22,317	0	0	363	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	100	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	1,748	0	1,748	0	1,736	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,532	0	0	3,495	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,421,755	1,510,035	6,119,157	2,885,314	1,856,698	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.058297	1.179152	18.829276	25.874471	14.984005	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,037,455	108,952	893,924	560,682	28,578	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.665856	0.085078	2.750696	5.027997	0.230631	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: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	520,475					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	28,891,828				14.00
15.00	01500	PHARMACY	0	53,120	15,721,705			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,610	0	1,015,441,206		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	19,128	0	0	0	23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	299,640	57,393	0	26,814,364	0	30.00
31.00	03100	INTENSIVE CARE UNIT	125,237	39,635	0	13,926,579	0	31.00
32.00	03200	CORONARY CARE UNIT	82,921	18,674	0	9,445,479	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	1,267	0	1,458,145	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	282,531	135,212	153,434,729	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,617,510	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	942	0	4,257,372	0	52.00
53.00	05300	ANESTHESIOLOGY	0	150,382	0	9,735,847	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,973,284	1,814,365	241,199,225	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	24,540	1,014	20,052,590	0	55.00
60.00	06000	LABORATORY	0	2,195,355	0	139,698,985	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	46,542	0	21,080,207	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,233	0	30,621,098	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,941	136,420	37,863,113	0	69.00
69.01	06901	CATH LAB	0	233,518	45,126	22,644,529	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,231	0	6,924,012	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,033,300	0	10,035,895	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,415,950	0	34,311,024	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,846,567	56,117,764	0	73.00
74.00	07400	RENAL DIALYSIS	0	38	0	1,860,242	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	12,677	28,118	0	26,702,685	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,681	0	9,900,333	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	196,957	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	137,911	240	65,998,499	0	90.02
91.00	09100	EMERGENCY	0	42,421	0	62,544,023	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	520,475	28,799,745	13,978,944	1,015,441,206	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,975	0	0	0	190.00
190.01	19001	SIU CLINIC	0	9	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	640	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	628	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	11,248	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	51	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	17,647	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	0	0	1,731,513	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	0	2,341	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,792	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,406,284	3,865,701	5,230,545	4,816,987	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.465890	0.133799	0.332696	0.004744	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	394,551	452,139	415,484	136,149	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.758059	0.015649	0.026427	0.000134	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: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	100					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100				22.00
23.00	02301	PARAMED ED PRGM-CRNA			100			23.00
23.01	02300	PARAMED ED PRGM-(SPECIFY)				100		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100	100	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
50.01	05001	ORTHO MEDICAL	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	100	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
60.00	06000	LABORATORY	0	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
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	0	0	0		69.00
69.01	06901	CATH LAB	0	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
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	100		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0		90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE			0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	SIU CLINIC	0	0	0	0		190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0		190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0		190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0		190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0		190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0		190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0		190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0		190.08
190.09	19009	SHORE	0	0	0	0		190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0		190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)				
			21.00	22.00				
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0		190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0		190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0		190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0		190.14
190.15	19015	CORPORATE HEALTH	0	0	0	0		190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	0		190.16
190.17	19017	INTEGRATED CENTER	0	0	0	0		190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0		190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0		190.19
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,155,506	5,698,307	92,659	35,056		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11,555.060000	56,983.070000	926.590000	350.560000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	17,713	84,685	1,959	534		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	177.130000	846.850000	19.590000	5.340000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 3:39 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,918,133		27,918,133	0	27,918,133	30.00
31.00	03100	INTENSIVE CARE UNIT	10,429,912		10,429,912	0	10,429,912	31.00
32.00	03200	CORONARY CARE UNIT	7,410,506		7,410,506	0	7,410,506	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	116,735		116,735	0	116,735	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,993,843		20,993,843	0	20,993,843	50.00
50.01	05001	ORTHO MEDICAL	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	244,526		244,526	0	244,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	774,794		774,794	0	774,794	52.00
53.00	05300	ANESTHESIOLOGY	2,102,376		2,102,376	0	2,102,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,373,512		23,373,512	0	23,373,512	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,639,390		4,639,390	0	4,639,390	55.00
60.00	06000	LABORATORY	13,993,293		13,993,293	0	13,993,293	60.00
65.00	06500	RESPIRATORY THERAPY	2,414,078	0	2,414,078	0	2,414,078	65.00
66.00	06600	PHYSICAL THERAPY	6,728,795	0	6,728,795	0	6,728,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,183,605		5,183,605	0	5,183,605	69.00
69.01	06901	CATH LAB	3,636,906		3,636,906	0	3,636,906	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,159,384		1,159,384	0	1,159,384	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,825,457		7,825,457	0	7,825,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,168,444		21,168,444	0	21,168,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,816,261		17,816,261	0	17,816,261	73.00
74.00	07400	RENAL DIALYSIS	852,158		852,158	0	852,158	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,019,151		7,019,151	0	7,019,151	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,475,162		1,475,162	0	1,475,162	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	202,830		202,830	0	202,830	90.01
90.02	09002	DMG PHYSICIAN GROUP	25,403,517		25,403,517	0	25,403,517	90.02
91.00	09100	EMERGENCY	10,214,985		10,214,985	0	10,214,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,402,133		7,402,133	0	7,402,133	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	230,499,886	0	230,499,886	0	230,499,886	200.00
201.00		Less Observation Beds	7,402,133		7,402,133		7,402,133	201.00
202.00		Total (see instructions)	223,097,753	0	223,097,753	0	223,097,753	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 3:39 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	22,187,570		22,187,570			30.00
31.00	03100	INTENSIVE CARE UNIT	13,926,579		13,926,579			31.00
32.00	03200	CORONARY CARE UNIT	9,445,479		9,445,479			32.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	1,458,145		1,458,145			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,743,884	118,690,845	153,434,729	0.136826	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,799,448	5,818,062	8,617,510	0.028375	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,981,605	275,767	4,257,372	0.181989	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,574,802	7,161,045	9,735,847	0.215942	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,537,603	188,661,622	241,199,225	0.096905	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	205,110	19,847,480	20,052,590	0.231361	0.000000	55.00
60.00	06000	LABORATORY	51,534,574	88,164,411	139,698,985	0.100167	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	18,854,724	2,225,483	21,080,207	0.114519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,138,814	22,482,284	30,621,098	0.219744	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,055,478	28,807,635	37,863,113	0.136904	0.000000	69.00
69.01	06901	CATH LAB	7,918,346	14,726,183	22,644,529	0.160609	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	582,973	6,341,039	6,924,012	0.167444	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,487,666	6,548,229	10,035,895	0.779747	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,054,257	22,256,767	34,311,024	0.616958	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,936,828	30,180,936	56,117,764	0.317480	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,418,487	441,755	1,860,242	0.458090	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,592,466	25,110,219	26,702,685	0.262863	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,307,323	8,593,010	9,900,333	0.149001	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	196,957	196,957	1.029819	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	65,998,499	65,998,499	0.384911	0.000000	90.02
91.00	09100	EMERGENCY	15,697,794	46,846,229	62,544,023	0.163325	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	648,632	3,978,162	4,626,794	1.599841	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	302,088,587	713,352,619	1,015,441,206			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	302,088,587	713,352,619	1,015,441,206			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet C
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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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136826		50.00
50.01	05001	ORTHO MEDICAL	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.028375		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.181989		52.00
53.00	05300	ANESTHESIOLOGY	0.215942		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096905		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231361		55.00
60.00	06000	LABORATORY	0.100167		60.00
65.00	06500	RESPIRATORY THERAPY	0.114519		65.00
66.00	06600	PHYSICAL THERAPY	0.219744		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.136904		69.00
69.01	06901	CATH LAB	0.160609		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167444		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.779747		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616958		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317480		73.00
74.00	07400	RENAL DIALYSIS	0.458090		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.262863		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.149001		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	1.029819		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.384911		90.02
91.00	09100	EMERGENCY	0.163325		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.599841		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
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2/25/2022 3:39 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	27,918,133		27,918,133	0	27,918,133	30.00
31.00	03100	INTENSIVE CARE UNIT	10,429,912		10,429,912	0	10,429,912	31.00
32.00	03200	CORONARY CARE UNIT	7,410,506		7,410,506	0	7,410,506	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	116,735		116,735	0	116,735	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,993,843		20,993,843	0	20,993,843	50.00
50.01	05001	ORTHO MEDICAL	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	244,526		244,526	0	244,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	774,794		774,794	0	774,794	52.00
53.00	05300	ANESTHESIOLOGY	2,102,376		2,102,376	0	2,102,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,373,512		23,373,512	0	23,373,512	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,639,390		4,639,390	0	4,639,390	55.00
60.00	06000	LABORATORY	13,993,293		13,993,293	0	13,993,293	60.00
65.00	06500	RESPIRATORY THERAPY	2,414,078	0	2,414,078	0	2,414,078	65.00
66.00	06600	PHYSICAL THERAPY	6,728,795	0	6,728,795	0	6,728,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,183,605		5,183,605	0	5,183,605	69.00
69.01	06901	CATH LAB	3,636,906		3,636,906	0	3,636,906	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,159,384		1,159,384	0	1,159,384	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,825,457		7,825,457	0	7,825,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,168,444		21,168,444	0	21,168,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,816,261		17,816,261	0	17,816,261	73.00
74.00	07400	RENAL DIALYSIS	852,158		852,158	0	852,158	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,019,151		7,019,151	0	7,019,151	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,475,162		1,475,162	0	1,475,162	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	202,830		202,830	0	202,830	90.01
90.02	09002	DMG PHYSICIAN GROUP	25,403,517		25,403,517	0	25,403,517	90.02
91.00	09100	EMERGENCY	10,214,985		10,214,985	0	10,214,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,402,133		7,402,133	0	7,402,133	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	230,499,886	0	230,499,886	0	230,499,886	200.00
201.00		Less Observation Beds	7,402,133		7,402,133		7,402,133	201.00
202.00		Total (see instructions)	223,097,753	0	223,097,753	0	223,097,753	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	22,187,570		22,187,570			30.00	
31.00	03100	INTENSIVE CARE UNIT	13,926,579		13,926,579			31.00	
32.00	03200	CORONARY CARE UNIT	9,445,479		9,445,479			32.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	1,458,145		1,458,145			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,743,884	118,690,845	153,434,729	0.136826	0.000000	50.00	
50.01	05001	ORTHO MEDICAL	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	2,799,448	5,818,062	8,617,510	0.028375	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,981,605	275,767	4,257,372	0.181989	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	2,574,802	7,161,045	9,735,847	0.215942	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,537,603	188,661,622	241,199,225	0.096905	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	205,110	19,847,480	20,052,590	0.231361	0.000000	55.00	
60.00	06000	LABORATORY	51,534,574	88,164,411	139,698,985	0.100167	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	18,854,724	2,225,483	21,080,207	0.114519	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	8,138,814	22,482,284	30,621,098	0.219744	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,055,478	28,807,635	37,863,113	0.136904	0.000000	69.00	
69.01	06901	CATH LAB	7,918,346	14,726,183	22,644,529	0.160609	0.000000	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	582,973	6,341,039	6,924,012	0.167444	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,487,666	6,548,229	10,035,895	0.779747	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,054,257	22,256,767	34,311,024	0.616958	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	25,936,828	30,180,936	56,117,764	0.317480	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,418,487	441,755	1,860,242	0.458090	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,592,466	25,110,219	26,702,685	0.262863	0.000000	75.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,307,323	8,593,010	9,900,333	0.149001	0.000000	90.00	
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	196,957	196,957	1.029819	0.000000	90.01	
90.02	09002	DMG PHYSICIAN GROUP	0	65,998,499	65,998,499	0.384911	0.000000	90.02	
91.00	09100	EMERGENCY	15,697,794	46,846,229	62,544,023	0.163325	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	648,632	3,978,162	4,626,794	1.599841	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	302,088,587	713,352,619	1,015,441,206			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	302,088,587	713,352,619	1,015,441,206			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 3:39 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
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ORTHO MEDICAL	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
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	CATH LAB	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000			90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 3:39 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	2,125,243	0	2,125,243	27,797	76.46	30.00
31.00	INTENSIVE CARE UNIT	603,858		603,858	5,923	101.95	31.00
32.00	CORONARY CARE UNIT	409,148		409,148	4,395	93.09	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	26,150		26,150	1,158	22.58	43.00
200.00	Total (lines 30 through 199)	3,164,399		3,164,399	39,273		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	10,379	793,578				
31.00	INTENSIVE CARE UNIT	1,822	185,753				
32.00	CORONARY CARE UNIT	3,203	298,167				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,404	1,277,498				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/25/2022 3:39 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	2,910,689	153,434,729	0.018970	14,305,988	271,385	50.00
50.01	05001	ORTHO MEDICAL	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	40,930	8,617,510	0.004750	1,402,296	6,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,229	4,257,372	0.012268	47,600	584	52.00
53.00	05300	ANESTHESIOLOGY	237,177	9,735,847	0.024361	1,123,655	27,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,748,735	241,199,225	0.007250	25,385,059	184,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	236,112	20,052,590	0.011775	109,755	1,292	55.00
60.00	06000	LABORATORY	555,312	139,698,985	0.003975	24,287,283	96,542	60.00
65.00	06500	RESPIRATORY THERAPY	70,488	21,080,207	0.003344	9,325,424	31,184	65.00
66.00	06600	PHYSICAL THERAPY	298,164	30,621,098	0.009737	4,405,825	42,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	495,821	37,863,113	0.013095	4,723,856	61,859	69.00
69.01	06901	CATH LAB	568,891	22,644,529	0.025123	3,670,609	92,217	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	124,635	6,924,012	0.018000	270,652	4,872	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,380	10,035,895	0.021262	2,168,662	46,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	541,035	34,311,024	0.015769	5,044,821	79,552	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	522,319	56,117,764	0.009308	11,713,056	109,025	73.00
74.00	07400	RENAL DIALYSIS	17,630	1,860,242	0.009477	1,119,828	10,613	74.00
75.00	07500	ASC (NON-DISTINCT PART)	425,079	26,702,685	0.015919	73,883	1,176	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,322	9,900,333	0.004073	80,225	327	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,602	196,957	0.018288	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	384,006	65,998,499	0.005818	0	0	90.02
91.00	09100	EMERGENCY	766,814	62,544,023	0.012260	8,738,742	107,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	563,480	4,626,794	0.121786	450,169	54,824	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	10,816,850	968,423,433		118,447,388	1,229,675	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 14-0135		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/25/2022 3:39 pm	
						Title XVIII		Hospital		PPS	
Cost Center Description						Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
						1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	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	27,797	0.00	10,379	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	5,923	0.00	1,822	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	4,395	0.00	3,203	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
43.00	04300	NURSERY	0	0	1,158	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	39,273		15,404	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			
32.00	03200	CORONARY CARE UNIT	0					32.00			
40.00	04000	SUBPROVIDER - IPF	0					40.00			
43.00	04300	NURSERY	0					43.00			
200.00		Total (lines 30 through 199)	0					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0135

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

Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 3:39 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	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	92,659	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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	35,056	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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	127,715	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 3:39 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	153,434,729	0.000000
50.01	05001	ORTHO MEDICAL	0	0	0	0	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	8,617,510	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,257,372	0.000000
53.00	05300	ANESTHESIOLOGY	0	92,659	92,659	9,735,847	0.009517
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	241,199,225	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,052,590	0.000000
60.00	06000	LABORATORY	0	0	0	139,698,985	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,080,207	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	30,621,098	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,863,113	0.000000
69.01	06901	CATH LAB	0	0	0	22,644,529	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,924,012	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,035,895	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,311,024	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,056	35,056	56,117,764	0.000625
74.00	07400	RENAL DIALYSIS	0	0	0	1,860,242	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	26,702,685	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	9,900,333	0.000000
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	196,957	0.000000
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	65,998,499	0.000000
91.00	09100	EMERGENCY	0	0	0	62,544,023	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,626,794	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	127,715	127,715	968,423,433	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 3:39 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	14,305,988	0	38,522,409	0
50.01	05001	ORTHO MEDICAL	0.000000	0	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	1,402,296	0	1,809,285	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	47,600	0	11,415	0
53.00	05300	ANESTHESIOLOGY	0.009517	1,123,655	10,694	2,126,657	20,239
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	25,385,059	0	61,059,192	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	109,755	0	176,168	0
60.00	06000	LABORATORY	0.000000	24,287,283	0	14,998,642	0
65.00	06500	RESPIRATORY THERAPY	0.000000	9,325,424	0	488,943	0
66.00	06600	PHYSICAL THERAPY	0.000000	4,405,825	0	458,943	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,723,856	0	11,926,460	0
69.01	06901	CATH LAB	0.000000	3,670,609	0	7,339,225	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	270,652	0	1,690,735	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,168,662	0	2,999,782	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,044,821	0	10,143,450	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000625	11,713,056	7,321	14,393,687	8,996
74.00	07400	RENAL DIALYSIS	0.000000	1,119,828	0	295,139	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	73,883	0	9,751,760	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	80,225	0	4,688,124	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000	0	0	11,093	0
90.02	09002	DMG PHYSICIAN GROUP	0.000000	0	0	12,057,725	0
91.00	09100	EMERGENCY	0.000000	8,738,742	0	9,911,617	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	450,169	0	2,704,270	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		118,447,388	18,015	207,564,721	29,235

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0135		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/25/2022 3:39 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.136826	38,522,409	0	0	5,270,867	50.00
50.01	05001	ORTHO MEDICAL	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.028375	1,809,285	0	0	51,338	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.181989	11,415	0	0	2,077	52.00
53.00	05300	ANESTHESIOLOGY	0.215942	2,126,657	0	0	459,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096905	61,059,192	0	0	5,916,941	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231361	176,168	0	0	40,758	55.00
60.00	06000	LABORATORY	0.100167	14,998,642	197,272	0	1,502,369	60.00
65.00	06500	RESPIRATORY THERAPY	0.114519	488,943	0	0	55,993	65.00
66.00	06600	PHYSICAL THERAPY	0.219744	458,943	0	0	100,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.136904	11,926,460	0	0	1,632,780	69.00
69.01	06901	CATH LAB	0.160609	7,339,225	0	0	1,178,746	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167444	1,690,735	0	0	283,103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.779747	2,999,782	0	0	2,339,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616958	10,143,450	0	0	6,258,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317480	14,393,687	395	290,046	4,569,708	73.00
74.00	07400	RENAL DIALYSIS	0.458090	295,139	0	0	135,200	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.262863	9,751,760	0	0	2,563,377	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.149001	4,688,124	0	0	698,535	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	1.029819	11,093	0	0	11,424	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.384911	12,057,725	0	0	4,641,151	90.02
91.00	09100	EMERGENCY	0.163325	9,911,617	0	0	1,618,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.599841	2,704,270	0	0	4,326,402	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		207,564,721	197,667	290,046	43,656,823	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		207,564,721	197,667	290,046	43,656,823	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 3:39 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	05001	ORTHO MEDICAL	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
60.00	06000	LABORATORY	19,760	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CATH LAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125	92,084		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0		90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
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)	19,885	92,084		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	19,885	92,084		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 2/25/2022 3:39 pm		
				Component CCN: 14-S135				
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,910,689	153,434,729	0.018970	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	40,930	8,617,510	0.004750	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,229	4,257,372	0.012268	0	0	52.00
53.00	05300	ANESTHESIOLOGY	237,177	9,735,847	0.024361	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,748,735	241,199,225	0.007250	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	236,112	20,052,590	0.011775	0	0	55.00
60.00	06000	LABORATORY	555,312	139,698,985	0.003975	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	70,488	21,080,207	0.003344	0	0	65.00
66.00	06600	PHYSICAL THERAPY	298,164	30,621,098	0.009737	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	495,821	37,863,113	0.013095	0	0	69.00
69.01	06901	CATH LAB	568,891	22,644,529	0.025123	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	124,635	6,924,012	0.018000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,380	10,035,895	0.021262	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	541,035	34,311,024	0.015769	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	522,319	56,117,764	0.009308	0	0	73.00
74.00	07400	RENAL DIALYSIS	17,630	1,860,242	0.009477	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	425,079	26,702,685	0.015919	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	40,322	9,900,333	0.004073	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,602	196,957	0.018288	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	384,006	65,998,499	0.005818	0	0	90.02
91.00	09100	EMERGENCY	766,814	62,544,023	0.012260	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,626,794	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	10,253,370	968,423,433		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 3:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL		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	92,659	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
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CATH LAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	35,056	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
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	127,715	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 3:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	153,434,729	0.000000	50.00
50.01	05001	ORTHO MEDICAL		0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	8,617,510	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,257,372	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	92,659	92,659	9,735,847	0.009517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	241,199,225	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	20,052,590	0.000000	55.00
60.00	06000	LABORATORY		0	0	0	139,698,985	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	21,080,207	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	30,621,098	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	37,863,113	0.000000	69.00
69.01	06901	CATH LAB		0	0	0	22,644,529	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,924,012	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	10,035,895	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	34,311,024	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	35,056	35,056	56,117,764	0.000625	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,860,242	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	26,702,685	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	9,900,333	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0	0	0	196,957	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP		0	0	0	65,998,499	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	62,544,023	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,626,794	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	127,715	127,715	968,423,433		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 3:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.009517	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	06901	CATH LAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000625	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0.000000	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 3:39 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,797	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,797	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)		20,427	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)		10,379	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)		27,918,133	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)		27,918,133	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)		27,918,133	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,004.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,424,252	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)		10,424,252	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0135

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 3:39 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		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,429,912	5,923	1,760.92	1,822	3,208,396		43.00
44.00	CORONARY CARE UNIT	7,410,506	4,395	1,686.12	3,203	5,400,642		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)					21,698,226		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,731,516		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)					1,277,498		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,247,690		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,525,188		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,206,328		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)					7,370		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,004.36		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,402,133		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0135

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 3:39 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	2,125,243	27,918,133	0.076124	7,402,133	563,480	90.00
91.00 Nursing Program cost	0	27,918,133	0.000000	7,402,133	0	91.00
92.00 Allied health cost	0	27,918,133	0.000000	7,402,133	0	92.00
93.00 All other Medical Education	0	27,918,133	0.000000	7,402,133	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 3:39 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	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)		0	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)		0	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)		0	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)	0		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)		0.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 3:39 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
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)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
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)					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
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/25/2022 3:39 pm
			Title XVIII		Subprovider - IPF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 3:39 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,455,715	30.00
31.00	03100	INTENSIVE CARE UNIT		5,341,595	31.00
32.00	03200	CORONARY CARE UNIT		3,537,902	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136826	14,305,988	50.00
50.01	05001	ORTHO MEDICAL	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.028375	1,402,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.181989	47,600	52.00
53.00	05300	ANESTHESIOLOGY	0.215942	1,123,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096905	25,385,059	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231361	109,755	55.00
60.00	06000	LABORATORY	0.100167	24,287,283	60.00
65.00	06500	RESPIRATORY THERAPY	0.114519	9,325,424	65.00
66.00	06600	PHYSICAL THERAPY	0.219744	4,405,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.136904	4,723,856	69.00
69.01	06901	CATH LAB	0.160609	3,670,609	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167444	270,652	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.779747	2,168,662	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616958	5,044,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317480	11,713,056	73.00
74.00	07400	RENAL DIALYSIS	0.458090	1,119,828	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.262863	73,883	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.149001	80,225	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	1.029819	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.384911	0	90.02
91.00	09100	EMERGENCY	0.163325	8,738,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.599841	450,169	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		118,447,388	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		118,447,388	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 3:39 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			29,694,099	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			638,606	2.04
3.00	Managed Care Simulated Payments			9,277,663	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			145.81	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)			5.81	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			15.16	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)			5.81	12.00
13.00	Total allowable FTE count for the prior year.			5.81	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.			5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.			5.81	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			5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.039846	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.037669	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.037669	21.00
22.00	IME payment adjustment (see instructions)			604,839	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			188,977	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) .			7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			9.35	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)			7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.049379	26.00
27.00	IME payments adjustment factor. (see instructions)			0.013010	27.00
28.00	IME add-on adjustment amount (see instructions)			386,320	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			120,702	28.01
29.00	Total IME payment (sum of lines 22 and 28)			991,159	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			309,679	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.13	30.00
31.00	Percentage of Medicaid patient days (see instructions)			21.27	31.00
32.00	Sum of lines 30 and 31			26.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.14	33.00
34.00	Disproportionate share adjustment (see instructions)			826,981	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 3:39 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000178911		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,483,177	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,483,177	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,483,177		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		33,634,022		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)			33,943,701	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,484,159	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).			408,423	52.00
53.00	Nursing and Allied Health Managed Care payment			10,601	53.00
54.00	Special add-on payments for new technologies			387,045	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			18,015	58.00
59.00	Total (sum of amounts on lines 49 through 58)			37,251,944	59.00
60.00	Primary payer payments			13,486	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			37,238,458	61.00
62.00	Deductibles billed to program beneficiaries			2,948,310	62.00
63.00	Coinsurance billed to program beneficiaries			120,454	63.00
64.00	Allowable bad debts (see instructions)			848,588	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			551,582	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			536,034	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			34,721,276	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-41,974	70.93
70.94	HRR adjustment amount (see instructions)			-72,193	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 3:39 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		367,007	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,240,102	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		33,765,274	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		474,828	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 3:39 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,694,099	0	0	29,694,099	29,694,099
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	638,606	0	0	638,606	638,606
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	9,277,663	0	0	9,277,663	9,277,663
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.037669	0.037669	0.037669	0.037669	0.037669
6.00	IME payment adjustment (see instructions)	22.00	604,839	0	0	604,839	604,839
6.01	IME payment adjustment for managed care (see instructions)	22.01	188,977	0	0	188,977	188,977
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.013010	0.013010	0.013010	0.013010	0.013010
8.00	IME adjustment (see instructions)	28.00	386,320	0	0	386,320	386,320
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	120,702	0	0	120,702	120,702
9.00	Total IME payment (sum of lines 6 and 8)	29.00	991,159	0	0	991,159	991,159
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	309,679	0	0	309,679	309,679
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1114	0.1114	0.1114	0.1114	0.1114
11.00	Disproportionate share adjustment (see instructions)	34.00	826,981	0	0	826,981	826,981
11.01	Uncompensated care payments	36.00	1,483,177	0	0	1,483,177	1,483,177
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	33,634,022	0	0	33,634,022	33,634,022
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,943,701	0	0	33,943,701	33,943,701
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,484,159	0	0	2,484,159	2,484,159

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 3:39 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	387,045	0	0	387,045	387,045	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	36,814,905	36,814,905	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	2,219,767	0	0	2,219,767	2,219,767	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	44,857	0	0	44,857	44,857	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	0.0439	0.0439	0.0439	0.0439		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	97,448	0	0	97,448	97,448	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0550	0.0550	0.0550	0.0550		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	122,087	0	0	122,087	122,087	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,484,159	0	0	2,484,159	2,484,159	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 3:39 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,694,099		29,694,099	29,694,099	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	638,606		638,606	638,606	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,277,663	0	9,277,663	9,277,663	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.037669	0.037669	0.037669		5.00
6.00	IME payment adjustment (see instructions)	22.00	604,839	0	604,839	604,839	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	188,977	0	188,977	188,977	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	0.013010	0.013010	0.013010		7.00
8.00	IME adjustment (see instructions)	28.00	386,320	0	386,320	386,320	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	120,702	0	120,702	120,702	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	991,159	0	991,159	991,159	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	309,679	0	309,679	309,679	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1114	0.1114	0.1114		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	826,981	0	826,981	826,981	11.00
11.01	Uncompensated care payments	36.00	1,483,177	0	1,483,177	1,483,177	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	33,634,022	0	33,634,022	33,634,022	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	33,943,701	0	33,943,701	33,943,701	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,484,159	0	2,484,159	2,484,159	16.00
17.00	Special add-on payments for new technologies	54.00	387,045	0	387,045	387,045	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	36,814,905	36,814,905	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 3:39 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	2,219,767	0	2,219,767	2,219,767	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	44,857	0	44,857	44,857	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	0.0439	0.0439	0.0439		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	97,448	0	97,448	97,448	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0550	0.0550	0.0550		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	122,087	0	122,087	122,087	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,484,159	0	2,484,159	2,484,159	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	-41,974	0	-41,974	-41,974	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	-72,193	0	-72,193	-72,193	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	367,007	367,007	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 3:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		111,969	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		43,627,588	2.00
3.00	OPPS payments		37,240,657	3.00
4.00	Outlier payment (see instructions)		115,026	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		29,235	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		111,969	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		487,713	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)		487,713	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)		487,713	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		375,744	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)		111,969	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)		37,384,918	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)		7,163,891	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)		30,332,996	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		438,814	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)		30,771,810	30.00
31.00	Primary payer payments		20,965	31.00
32.00	Subtotal (line 30 minus line 31)		30,750,845	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,416,525	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		920,741	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		739,219	36.00
37.00	Subtotal (see instructions)		31,671,586	37.00
38.00	MSP-LCC reconciliation amount from PS&R		4	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)		31,671,582	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		31,649,567	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)		22,015	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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 3:39 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		33,654,272		31,649,567	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/12/2021	111,002		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)		111,002		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)		33,765,274		31,649,567	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		474,828		22,015	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		34,240,102		31,671,582	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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/25/2022 3:39 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part II Date/Time Prepared: 2/25/2022 3:39 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		0.000000	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		0	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		10,713	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		6,963	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		6,963	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		6,963	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		0	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		6,963	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135		Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 3:39 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.				7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)				7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				15.16	6.00
7.00	Enter the lesser of line 5 or line 6				7.19	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.	15.13	0.03	15.16		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.	7.18	0.01	7.19		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	7.18	0.01			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19	0.00			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.19	0.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.19	0.00			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	7.19	0.00			17.00
18.00	Per resident amount	90,966.89	90,966.89			18.00
19.00	Approved amount for resident costs	654,052	0	654,052		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)			5.82		20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.97		21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82		22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			106,999.00		23.00
24.00	Multiply line 22 time line 23			622,734		24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,276,786		25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,404	1,333	4,001	26.00	
27.00	Total Inpatient Days (see instructions)	30,925	30,925	30,925	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.498108	0.043104	0.129378	28.00	
29.00	Program direct GME amount	635,977	55,035	165,188	856,200	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		2,240	6,723	8,963	30.00
31.00	Net Program direct GME amount				847,237	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 3:39 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,860,242	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)		40,731,516	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)		13,486	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		40,718,030	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		43,768,792	42.00
43.00	Primary payer payments (see instructions)		20,965	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,747,827	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		84,465,857	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.482065	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.517935	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		847,237	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		408,423	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		438,814	50.00

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

Provider CCN: 14-0135

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

Worksheet G

Date/Time Prepared:
2/25/2022 3:39 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	7,301,991	0	0	0	1.00
2.00	Temporary investments	13,464,961	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,290,543	0	0	0	4.00
5.00	Other receivable	3,619,969	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,023,354	0	0	0	7.00
8.00	Prepaid expenses	2,969,485	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	2,515,671	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	63,185,974	0	0	0	11.00
FIXED ASSETS						
12.00	Land	38,027,788	0	0	0	12.00
13.00	Land improvements	16,439	0	0	0	13.00
14.00	Accumulated depreciation	-1,912,675	0	0	0	14.00
15.00	Buildings	16,154,046	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	256,900	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	171,046	0	0	0	21.00
22.00	Accumulated depreciation	-36,188	0	0	0	22.00
23.00	Major movable equipment	22,409,680	0	0	0	23.00
24.00	Accumulated depreciation	-7,423,738	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)	67,663,298	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	100,190,357	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	46,205,095	54,165,540	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	146,395,452	54,165,540	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	277,244,724	54,165,540	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,695,099	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,535,161	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	0	0	0	0	43.00
44.00	Other current liabilities	61,665,086	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,895,346	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	34,692,536	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	14,385,434	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	49,077,970	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,973,316	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	146,271,408				52.00
53.00	Specific purpose fund		54,165,540			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)	146,271,408	54,165,540	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	277,244,724	54,165,540	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0135

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

Worksheet G-1

Date/Time Prepared:
2/25/2022 3:39 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		129,364,000		45,870,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,564,000				2.00
3.00	Total (sum of line 1 and line 2)		145,928,000		45,870,000		3.00
4.00	NET ASSETS RELEASED	163,000		0		0	4.00
5.00	TRANSFER FROM RELATED ORG	6,043,000		179,000		0	5.00
6.00	CONTRIBUTION	0		18,000		0	6.00
7.00	NET INVESTMENT GAIN	0		8,317,000		0	7.00
8.00	CHANGE IN NET ASSETS FOUNDATION	0		285,000		0	8.00
9.00	OTHER	76,000		0		0	9.00
10.00	Total additions (sum of line 4-9)		6,282,000		8,799,000		10.00
11.00	Subtotal (line 3 plus line 10)		152,210,000		54,669,000		11.00
12.00	PENSION LIABILITY ADJ	1,887,000		0		0	12.00
13.00	NET ASSETS RELEASED	0		427,000		0	13.00
14.00	OTHER	838,592		76,000		0	14.00
15.00	TRANSFER TO RELATED ORG	3,213,000		0		0	15.00
16.00	RECONCILING	0		460		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5,938,592		503,460		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		146,271,408		54,165,540		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	NET ASSETS RELEASED		0				4.00
5.00	TRANSFER FROM RELATED ORG		0				5.00
6.00	CONTRIBUTION		0				6.00
7.00	NET INVESTMENT GAIN		0				7.00
8.00	CHANGE IN NET ASSETS FOUNDATION		0				8.00
9.00	OTHER		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	PENSION LIABILITY ADJ		0				12.00
13.00	NET ASSETS RELEASED		0				13.00
14.00	OTHER		0				14.00
15.00	TRANSFER TO RELATED ORG		0				15.00
16.00	RECONCILING		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: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 3:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,542,482		27,542,482	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,542,482		27,542,482	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,170,257		14,170,257	11.00
12.00	CORONARY CARE UNIT	10,343,818		10,343,818	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)	24,514,075		24,514,075	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,056,557		52,056,557	17.00
18.00	Ancillary services	236,853,305	590,264,700	827,118,005	18.00
19.00	Outpatient services	17,097,742	158,505,107	175,602,849	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NONREIMBURSABLE COST CENTERS	7,454,112	31,243,831	38,697,943	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	313,461,716	780,013,638	1,093,475,354	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		305,944,856		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	PURCHASE DISCOUNTS	451			37.00
38.00	PURCHASE REBATES	1,068,198			38.00
39.00	RECONCILING ENTRY	1,207			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1,069,856		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		304,875,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0135

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

Worksheet G-3

Date/Time Prepared:
2/25/2022 3:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,093,475,354	1.00
2.00	Less contractual allowances and discounts on patients' accounts	829,490,770	2.00
3.00	Net patient revenues (line 1 minus line 2)	263,984,584	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	304,875,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-40,890,416	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	11,291,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	23,046,981	24.00
24.01	OTHER REVENUE	839,019	24.01
24.02	OTHER NON-OPERATING REVENUE	22,277,416	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	57,454,416	25.00
26.00	Total (line 5 plus line 25)	16,564,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,564,000	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0135

Period:
From 10/01/2020
To 09/30/2021Worksheet L
Parts I-III
Date/Time Prepared:
2/25/2022 3:39 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,219,767	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	44,857	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)	85.45	3.00
4.00	Number of interns & residents (see instructions)	13.01	4.00
5.00	Indirect medical education percentage (see instructions)	4.39	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)	97,448	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.13	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	21.27	8.00
9.00	Sum of lines 7 and 8	26.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.50	10.00
11.00	Disproportionate share adjustment (see instructions)	122,087	11.00
12.00	Total prospective capital payments (see instructions)	2,484,159	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