

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: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/28/2022 9:50 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/28/2022	Time: 9:50 am
	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 MEMORIAL MEDICAL CENTER (14-0148) 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	Kathryn j 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 Kathryn j Keim			2
3	Signatory Title SENIOR VP & CFO			3
4	Date 02/28/2022 09:50:17 AM			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	533,455	292,044	0	0	1.00
2.00 Subprovider - IPF	0	152,447	56		0	2.00
3.00 Subprovider - IRF	0	-58,086	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	627,816	292,100	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: 14-0148		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 9:50 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 701 NORTH FIRST STREET			PO Box:				1.00		
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62781		County: SANGAMON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	O
4.00	Subprovider - IPF		MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	O
5.00	Subprovider - IRF		PSYCH UNIT							
			MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	O
			REHAB UNIT							
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	
21.00	Type of Control (see instructions)						2			
						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.					3	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
2/28/2022 9:50 am

MCRIF32 - 17.2.173.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 9:50 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/28/2022 9:50 am

			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)		22.93	58.05	0.283156	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 PRACTICE	1350	7.69	8.97	0.461585	65.00
65.01		INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02		PEDIATRICS	2000	0.51	0.17	0.750000	65.02
			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)		36.53	101.19	0.265248	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 PRACTICE	1350	14.53	9.41	0.606934	67.00
67.01		INTERNAL MEDICINE	1400	11.20	45.63	0.197079	67.01
67.02		PEDIATRICS	2000	0.04	0.53	0.070175	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 9:50 am	
			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)	Y	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.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
				Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			Y		5.00	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.			Y			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.			10/01/1966			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.			07/01/1999			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 9:50 am	
		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		14H058		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: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131		141.00	
142.00	Street: 701 NORTH FIRST STREET	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62781		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
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: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/28/2022 9:50 am
			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: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/28/2022 9:50 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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	02/09/2022	Y 02/09/2022
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: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/28/2022 9:50 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOB	URBANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138	URBANCE.BOB@MHSIL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/28/2022 9:50 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	345	125,925	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)		345	125,925	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	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)		393	143,445	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		459			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	36,859	2,721	93,995			1.00
2.00	HMO and other (see instructions)	26,220	16,918				2.00
3.00	HMO IPF Subprovider	1,183	3,637				3.00
4.00	HMO IRF Subprovider	814	891				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)	36,859	2,721	93,995			7.00
8.00	INTENSIVE CARE UNIT	4,208	141	10,873			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	1,179	20	3,548			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		175	2,074			13.00
14.00	Total (see instructions)	42,246	3,057	110,490	213.81	2,936.04	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,718	608	9,734	8.29	62.19	16.00
17.00	SUBPROVIDER - IRF	2,739	273	6,145	0.15	27.36	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			162			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)				222.25	3,025.59	27.00
28.00	Observation Bed Days		0	2,904			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,177			30.00
31.00	Employee discount days - IRF			65			31.00
32.00	Labor & delivery days (see instructions)	0	129	358			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: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,684	661	18,918	1.00
2.00 HMO and other (see instructions)			3,956	3,373		2.00
3.00 HMO IPF Subprovider				468		3.00
4.00 HMO IRF Subprovider				78		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,684	661	18,918	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	224	82	1,116	16.00
17.00 SUBPROVIDER - IRF	0.00	0	233	26	537	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/28/2022 9:50 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	242,231,965	-16,300,872	225,931,093	6,526,268.00	34.62
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		13,525,092	0	13,525,092	142,594.00	94.85
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,407,140	0	1,407,140	29,521.00	47.67
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	10,853,571	0	10,853,571	357,096.00	30.39
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,706,094	-50,011	7,656,083	228,521.00	33.50
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,898,080	0	12,898,080	130,994.00	98.46
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		3,946,092	0	3,946,092	15,770.00	250.23
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		27,988,300	0	27,988,300	474,481.00	58.99
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		100,377	0	100,377	501.00	200.35
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		42,521,292	0	42,521,292		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,634,591	0	1,634,591		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		1,398,223	0	1,398,223		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		280,166	0	280,166		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,492,876	0	2,492,876		
25.50	Home office wage-related (core)		2,881,790	0	2,881,790		
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: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/28/2022 9:50 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	8,176,587	-4,136,695	4,039,892	125,118.11	32.29	26.00
27.00	Administrative & General	5.00	26,027,916	-423,210	25,604,706	767,029.88	33.38	27.00
28.00	Administrative & General under contract (see inst.)		1,364,700	0	1,364,700	6,423.00	212.47	28.00
29.00	Maintenance & Repairs	6.00	5,535,281	149,296	5,684,577	160,671.39	35.38	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	151,902	4,463	156,365	9,530.77	16.41	31.00
32.00	Housekeeping	9.00	4,413,909	69,329	4,483,238	264,852.90	16.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,682,664	-2,206,190	1,476,474	81,865.80	18.04	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	17,487	2,318,336	2,335,823	138,559.07	16.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,810,296	149,149	4,959,445	116,016.88	42.75	38.00
39.00	Central Services and Supply	14.00	2,329,982	50,486	2,380,468	127,145.32	18.72	39.00
40.00	Pharmacy	15.00	8,155,670	-234,532	7,921,138	153,706.27	51.53	40.00
41.00	Medical Records & Medical Records Library	16.00	4,140,111	-1,001,324	3,138,787	137,133.39	22.89	41.00
42.00	Social Service	17.00	0	843,914	843,914	33,009.45	25.57	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/28/2022 9:50 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	217,810,862	-16,300,872	201,509,990	6,003,480.00	33.57	1.00
2.00	Excluded area salaries (see instructions)	7,706,094	-50,011	7,656,083	228,521.00	33.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	210,104,768	-16,250,861	193,853,907	5,774,959.00	33.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,832,472	0	44,832,472	621,245.00	72.17	4.00
5.00	Subtotal wage-related costs (see inst.)	45,403,082	0	45,403,082	0.00	23.42	5.00
6.00	Total (sum of lines 3 thru 5)	300,340,322	-16,250,861	284,089,461	6,396,204.00	44.42	6.00
7.00	Total overhead cost (see instructions)	68,806,505	-4,416,978	64,389,527	2,121,062.23	30.36	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
2/28/2022 9:50 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	527,988	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	3,504,058	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)	15,598,568	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	9,506,150	9.00
10.00	Dental, Hearing and Vision Plan	2,844,402	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	192,754	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)	408,762	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,542,102	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	16,098,081	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-1,902,717	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	7,000	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	48,327,148	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: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	13,840,001	43,803,629	1.00
2.00	Hospital	12,898,080	42,506,464	2.00
3.00	Subprovider - IPF	600,725	920,378	3.00
4.00	Subprovider - IRF	341,196	376,787	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/28/2022 9:50 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.196588 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	88,737,155		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	482,262,590		6.00
7.00	Medicaid cost (line 1 times line 6)	94,807,038		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)	6,069,883		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)	6,069,883		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)	21,985,011	326,563	22,311,574 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,321,989	326,563	4,648,552 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,321,989	326,563	4,648,552 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)	11,400,129		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,902,219		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,464,952		27.01
28.00	Non-Medicare bad debt expense (see instructions)	6,935,177		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,926,106		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,574,658		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,644,541		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2022 9:50 am

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		13,970,648	13,970,648	5,632,844	19,603,492 1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0 2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0 3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,176,587	37,246,905	45,423,492	-4,136,695	41,286,797 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,027,916	179,204,951	205,232,867	-1,010,029	204,222,838 5.00
6.00	00600	MAINTENANCE & REPAIRS	5,535,281	12,338,745	17,874,026	149,296	18,023,322 6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	151,902	2,645,510	2,797,412	4,463	2,801,875 8.00
9.00	00900	HOUSEKEEPING	4,413,909	1,880,061	6,293,970	175,697	6,469,667 9.00
10.00	01000	DIETARY	3,682,664	3,233,792	6,916,456	-4,238,951	2,677,505 10.00
11.00	01100	CAFETERIA	17,487	16,277	33,764	4,351,097	4,384,861 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	4,810,296	278,783	5,089,079	194,293	5,283,372 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,329,982	1,796,482	4,126,464	62,368	4,188,832 14.00
15.00	01500	PHARMACY	8,155,670	33,132,530	41,288,200	-30,695,943	10,592,257 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,140,111	822,713	4,962,824	117,947	5,080,771 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	993,618	993,618 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,853,571	0	10,853,571	0	10,853,571 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	61,664	1,826,246	1,887,910	1,050	1,888,960 22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0 23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	106,151	10,177	116,328	180,536	296,864 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,442,208	7,142,283	44,584,491	2,088,282	46,672,773 30.00
31.00	03100	INTENSIVE CARE UNIT	9,311,830	4,820,489	14,132,319	73,409	14,205,728 31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,891,744	704,329	3,596,073	41,958	3,638,031 33.00
40.00	04000	SUBPROVIDER - IPF	4,241,351	533,816	4,775,167	40,971	4,816,138 40.00
41.00	04100	SUBPROVIDER - IRF	2,049,007	206,046	2,255,053	36,890	2,291,943 41.00
43.00	04300	NURSERY	3,866,506	1,197,270	5,063,776	-4,299,946	763,830 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,288,679	47,459,347	67,748,026	-39,646,587	28,101,439 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,390,675	2,390,675 52.00
53.00	05300	ANESTHESIOLOGY	15,773,962	19,116,553	34,890,515	92,303	34,982,818 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,461,592	9,748,493	18,210,085	-907,335	17,302,750 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,425,465	1,758,056	5,183,521	-113,831	5,069,690 55.00
57.00	05700	CT SCAN	1,455,470	1,860,034	3,315,504	23,625	3,339,129 57.00
58.00	05800	MRI	870,512	582,519	1,453,031	9,641	1,462,672 58.00
60.00	06000	LABORATORY	9,734,683	15,566,793	25,301,476	225,100	25,526,576 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	543,784	2,742,535	3,286,319	8,402	3,294,721 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	4,432,014	1,750,898	6,182,912	68,618	6,251,530 65.00
66.00	06600	PHYSICAL THERAPY	7,372,891	1,065,862	8,438,753	154,369	8,593,122 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,946,357	142,356	2,088,713	34,226	2,122,939 67.00
68.00	06800	SPEECH PATHOLOGY	797,033	70,297	867,330	16,821	884,151 68.00
69.00	06900	ELECTROCARDIOLOGY	7,594,448	21,814,071	29,408,519	-11,782,632	17,625,887 69.00
69.01	03340	GI UNIT	1,771,409	2,320,574	4,091,983	-53,554	4,038,429 69.01
69.02	03650	VASCULAR LAB	841,641	479,463	1,321,104	9,977	1,331,081 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	717,235	326,551	1,043,786	10,474	1,054,260 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	326,369	1,281,425	1,607,794	203,681	1,811,475 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	55,514,004	55,514,004 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,645,650	30,645,650 73.00
73.01	03640	RENAL TXPLANT LAB	254,638	305,560	560,198	3,676	563,874 73.01
74.00	07400	RENAL DIALYSIS	1,111,294	475,821	1,587,115	-296,315	1,290,800 74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,226,438	4,259,408	6,485,846	-1,596,068	4,889,778 75.00
76.97	07697	CARDIAC REHABILITATION	904,964	174,768	1,079,732	18,216	1,097,948 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,805,665	8,263,458	20,069,123	-48,546	20,020,577 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	403,193	962,968	1,366,161	5,251	1,371,412 105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
113.00	11300	INTEREST EXPENSE		6,046,953	6,046,953	-6,046,953	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	241,325,573	451,582,816	692,908,389	-1,293,957	691,614,432 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,134	229	1,363	0	1,363 190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2022 9:50 am

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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	31,786	31,786	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	21,562	21,562	1,248,451	1,270,013	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	251,068	155,803	406,871	0	406,871	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	330	330	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	654,190	171,818	826,008	13,390	839,398	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	242,231,965	451,932,228	694,164,193	0	694,164,193	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,247,279	23,850,771	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,446,393	29,840,404	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-98,820,954	105,401,884	5.00
6.00	00600	MAINTENANCE & REPAIRS	418,965	18,442,287	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,801,875	8.00
9.00	00900	HOUSEKEEPING	31,947	6,501,614	9.00
10.00	01000	DIETARY	-77,988	2,599,517	10.00
11.00	01100	CAFETERIA	-3,024,521	1,360,340	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-169	5,283,203	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-131	4,188,701	14.00
15.00	01500	PHARMACY	-7,540	10,584,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-89,023	4,991,748	16.00
17.00	01700	SOCIAL SERVICE	0	993,618	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-367,004	10,486,567	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,888,960	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	296,864	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-298,263	46,374,510	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,438,063	11,767,665	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,638,031	33.00
40.00	04000	SUBPROVIDER - IPF	-56,738	4,759,400	40.00
41.00	04100	SUBPROVIDER - IRF	12	2,291,955	41.00
43.00	04300	NURSERY	-20,992	742,838	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,751,305	26,350,134	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,390,675	52.00
53.00	05300	ANESTHESIOLOGY	-31,760,200	3,222,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-359,899	16,942,851	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-8,026	5,061,664	55.00
57.00	05700	CT SCAN	16,946	3,356,075	57.00
58.00	05800	MRI	41,972	1,504,644	58.00
60.00	06000	LABORATORY	364,002	25,890,578	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,294,721	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-56,274	6,195,256	65.00
66.00	06600	PHYSICAL THERAPY	-104,002	8,489,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,122,939	67.00
68.00	06800	SPEECH PATHOLOGY	0	884,151	68.00
69.00	06900	ELECTROCARDIOLOGY	-406,395	17,219,492	69.00
69.01	03340	GI UNIT	-35,230	4,003,199	69.01
69.02	03650	VASCULAR LAB	-18,115	1,312,966	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-82,415	971,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,811,475	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	55,514,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,645,650	73.00
73.01	03640	RENAL TXPLANT LAB	0	563,874	73.01
74.00	07400	RENAL DIALYSIS	-15,321	1,275,479	74.00
75.00	07500	ASC (NON-DISTINCT PART)	381,004	5,270,782	75.00
76.97	07697	CARDIAC REHABILITATION	-16,862	1,081,086	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-3,778,030	16,242,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-80,444	1,290,968	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-149,618,170	541,996,262	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,363	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	31,786	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	1,270,013	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	406,871	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	330	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	839,398	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	-149,618,170	544,546,023	200.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2022 9:50 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Lease Reclass					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	853,773		1.00
2.00		0.00	0	0		2.00
	0		0	853,773		
	B - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00		30,516,457		1.00
2.00			0	30,516,457		2.00
	C - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,966,126		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	80,827		2.00
3.00		0.00	0	0		3.00
	0		0	6,046,953		
	D - SOCIAL SERVICE RECLASS					
1.00	SOCIAL SERVICE	17.00	843,914	149,704		1.00
2.00		0.00	0	0		2.00
	0		843,914	149,704		
	E - Renal Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		318,821		1.00
2.00			0	318,821		2.00
	F - CAFE/DIETARY OTHER COSTS RECLASS					
1.00	CAFETERIA	11.00	2,314,923	2,032,761		1.00
2.00		0.00	0	0		2.00
	0		2,314,923	2,032,761		
	G - FMS RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,178,125	354,463		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,837,750	552,925		2.00
3.00		0.00	0	0		3.00
	0		3,015,875	907,388		
	H - Contract Labor					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,142		1.00
2.00	HOUSEKEEPING	9.00	0	106,368		2.00
3.00	NURSING ADMINISTRATION	13.00	0	45,144		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,991		4.00
5.00	PHARMACY	15.00	0	67,801		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,119,271		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	6,436,105		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,001,427		8.00
9.00	BURN INTENSIVE CARE UNIT	33.00	0	246,555		9.00
10.00	SUBPROVIDER - IPF	40.00	0	60,725		10.00
11.00	SUBPROVIDER - IRF	41.00	0	341,196		11.00
12.00	OPERATING ROOM	50.00	0	1,047,531		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,622,714		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	262,553		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,598,613		15.00
16.00	CT SCAN	57.00	0	88,902		16.00
17.00	MRI	58.00	0	132,926		17.00
18.00	LABORATORY	60.00	0	376,167		18.00
19.00	RESPIRATORY THERAPY	65.00	0	596,159		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	451,467		20.00
21.00	EMERGENCY	91.00	0	675,115		21.00
	TOTALS		0	16,300,872		
	I - Kinetic Bed Reclass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		22,584		1.00
2.00			0	22,584		2.00
	J - Building Insurance Reclass					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	520,491		1.00
2.00		0.00	0	0		2.00
	0		0	520,491		
	K - OBSERVATION OTHER COST RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	15,839	6,090		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		15,839	6,090		
	M - IMPLANTABLE DEVICES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	55,514,004		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2022 9:50 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	55,514,004	
N - SIU PURCHASED SERVICE SUPPORT					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	394,678	1.00
2.00	OPERATING ROOM	50.00	0	4,261	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	15,318	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
0			0	414,257	
O - Affiliate Accounting Reclass					
1.00	VNA OF CENTRAL IL	192.06		330	1.00
2.00			0	330	2.00
Q - Management Incentive Program					
1.00		0.00	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	161,726	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	58,452	0	3.00
4.00	HOUSEKEEPING	9.00	32,342	0	4.00
5.00	DIETARY	10.00	17,626	0	5.00
6.00	NURSING ADMINISTRATION	13.00	110,013	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	8,028	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	59,135	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	130,070	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	33,580	0	10.00
11.00	BURN INTENSIVE CARE UNIT	33.00	10,334	0	11.00
12.00	SUBPROVIDER - IPF	40.00	29,108	0	12.00
13.00	SUBPROVIDER - IRF	41.00	9,584	0	13.00
14.00	NURSERY	43.00	12,962	0	14.00
15.00	OPERATING ROOM	50.00	99,104	0	15.00
16.00	ANESTHESIOLOGY	53.00	32,440	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	48,443	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	4,829	0	18.00
19.00	LABORATORY	60.00	62,053	0	19.00
20.00	RESPIRATORY THERAPY	65.00	9,094	0	20.00
21.00	PHYSICAL THERAPY	66.00	64,249	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	9,283	0	22.00
23.00	SPEECH PATHOLOGY	68.00	8,682	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	64,454	0	24.00
25.00	GI UNIT	69.01	9,384	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	15,938	0	26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	4,266	0	27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	51,214	0	28.00
29.00	RENAL DIALYSIS	74.00	10,691	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.00	12,583	0	30.00
31.00	CARDIAC REHABILITATION	76.97	2,988	0	31.00
32.00	EMERGENCY	91.00	27,840	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	13,670	0	33.00
TOTALS			1,224,165	0	
R - Success Sharing Program					
1.00		0.00	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	269,120	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	90,844	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	4,463	0	4.00
5.00	HOUSEKEEPING	9.00	143,355	0	5.00
6.00	DIETARY	10.00	91,107	0	6.00
7.00	CAFETERIA	11.00	3,413	0	7.00
8.00	NURSING ADMINISTRATION	13.00	84,280	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	56,449	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	58,812	0	10.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2022 9:50 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00	I&R SERVICES-OTHER PRGM	22.00	1,050	0		11.00
	COSTS APPRV					
12.00	PARAMED ED PRGM-(PHARMACY)	23.01	1,050	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	476,543	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	106,860	0		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	38,333	0		15.00
16.00	SUBPROVIDER - IPF	40.00	69,315	0		16.00
17.00	SUBPROVIDER - IRF	41.00	27,306	0		17.00
18.00	NURSERY	43.00	59,600	0		18.00
19.00	OPERATING ROOM	50.00	244,439	0		19.00
20.00	ANESTHESIOLOGY	53.00	59,863	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	129,440	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	28,356	0		22.00
23.00	CT SCAN	57.00	23,630	0		23.00
24.00	MRI	58.00	10,240	0		24.00
25.00	LABORATORY	60.00	163,047	0		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	8,402	0		26.00
27.00	RESPIRATORY THERAPY	65.00	62,226	0		27.00
28.00	PHYSICAL THERAPY	66.00	99,246	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	24,943	0		29.00
30.00	SPEECH PATHOLOGY	68.00	8,139	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	99,771	0		31.00
32.00	GI UNIT	69.01	25,205	0		32.00
33.00	VASCULAR LAB	69.02	9,977	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	8,664	0		34.00
35.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1,050	0		35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	77,979	0		36.00
37.00	RENAL TXPLANT LAB	73.01	3,676	0		37.00
38.00	RENAL DIALYSIS	74.00	11,815	0		38.00
39.00	ASC (NON-DISTINCT PART)	75.00	32,819	0		39.00
40.00	CARDIAC REHABILITATION	76.97	15,228	0		40.00
41.00	EMERGENCY	91.00	145,718	0		41.00
42.00	KIDNEY ACQUISITION	105.00	5,251	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	18,116	0		43.00
44.00	SOUTH6TH AND N.DIRKSON RADIOLOGY	192.11	13,390	0		44.00
			2,912,530	0		
T - PHARMACY RESIDENCY RECLASS SALARY						
1.00	PARAMED ED PRGM-(PHARMACY)	23.01	166,731	12,755		1.00
2.00		0.00	0	0		2.00
			166,731	12,755		
W - ER Medical Director Other Costs						
1.00	EMERGENCY	91.00	0	7,263		1.00
2.00		0.00	0	0		2.00
			0	7,263		
500.00	Grand Total: Increases		10,493,977	113,624,503		500.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2022 9:50 am

	Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Lease Reclass						
1.00		0.00	0	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	853,773	10		2.00
	0		0	853,773			
	B - Drugs Charged to Patients						
1.00							1.00
2.00	PHARMACY	15.00		30,516,457			2.00
			0	30,516,457			
	C - Interest Expense						
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	0		2.00
3.00	INTEREST EXPENSE	113.00	0	6,046,953	0		3.00
	0		0	6,046,953			
	D - SOCIAL SERVICE RECLASS						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	843,914	149,704	0		2.00
	0		843,914	149,704			
	E - Renal Medical Supplies						
1.00							1.00
2.00	RENAL DIALYSIS	74.00		318,821			2.00
			0	318,821			
	F - CAFE/DIETARY OTHER COSTS RECLASS						
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	2,314,923	2,032,761	0		2.00
	0		2,314,923	2,032,761			
	G - FMS RECLASS						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSERY	43.00	3,015,875	907,388	0		3.00
	0		3,015,875	907,388			
	H - Contract Labor						
1.00	ADMINISTRATIVE & GENERAL	5.00	10,142	0	0		1.00
2.00	HOUSEKEEPING	9.00	106,368	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	45,144	0	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	13,991	0	0		4.00
5.00	PHARMACY	15.00	67,801	0	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	1,119,271	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	6,436,105	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	1,001,427	0	0		8.00
9.00	BURN INTENSIVE CARE UNIT	33.00	246,555	0	0		9.00
10.00	SUBPROVIDER - IPF	40.00	60,725	0	0		10.00
11.00	SUBPROVIDER - IRF	41.00	341,196	0	0		11.00
12.00	OPERATING ROOM	50.00	1,047,531	0	0		12.00
13.00	ANESTHESIOLOGY	53.00	1,622,714	0	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	262,553	0	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	1,598,613	0	0		15.00
16.00	CT SCAN	57.00	88,902	0	0		16.00
17.00	MRI	58.00	132,926	0	0		17.00
18.00	LABORATORY	60.00	376,167	0	0		18.00
19.00	RESPIRATORY THERAPY	65.00	596,159	0	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	451,467	0	0		20.00
21.00	EMERGENCY	91.00	675,115	0	0		21.00
	TOTALS		16,300,872	0			
	I - Kinetic Bed Reclass						
1.00							1.00
2.00	ADULTS & PEDIATRICS	30.00		22,584			2.00
			0	22,584			
	J - Building Insurance Reclass						
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	520,491	0		2.00
	0		0	520,491			
	K - OBSERVATION OTHER COST RECLASS						
1.00		0.00	0	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	8,833	4,573	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	5,395	1,314	0		3.00
4.00	SUBPROVIDER - IPF	40.00	1,611	203	0		4.00
	0		15,839	6,090			
	M - IMPLANTABLE DEVICES						
1.00		0.00	0	0	0		1.00
2.00	NURSERY	43.00	0	449,245	0		2.00
3.00	OPERATING ROOM	50.00	0	39,994,391	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,085,218	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	147,016	0		5.00
6.00	CT SCAN	57.00	0	5	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	MRI	58.00	0	599	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	2,702	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	11,962,175	0	9.00
10.00	GI UNIT	69.01	0	88,143	0	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	143,040	0	11.00
12.00	ASC (NON-DISTINCT PART)	75.00	0	1,641,470	0	12.00
	0		0	55,514,004		
N - SIU PURCHASED SERVICE SUPPORT						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,109	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	50,264	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	53,625	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	55,638	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	9,126	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,128	0	9.00
10.00	EMERGENCY	91.00	0	229,367	0	10.00
	0		0	414,257		
O - Affiliate Accounting Reclass						
1.00						1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		330		2.00
			0	330		
Q - Management Incentive Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,224,165	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
	TOTALS		1,224,165	0		
R - Success Sharing Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,912,530	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2022 9:50 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
			2,912,530	0			
T - PHARMACY RESIDENCY RECLASS SALARY							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	166,731	12,755	0		2.00
			166,731	12,755			
W - ER Medical Director Other Costs							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,263	0		2.00
				7,263			
500.00	Grand Total: Decreases		26,794,849	97,323,631			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/28/2022 9:50 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,941,150	0	0	0	0	1.00
2.00	Land Improvements	2,672,745	121,989	0	121,989	0	2.00
3.00	Buildings and Fixtures	224,797,278	9,118,024	0	9,118,024	-730,914	3.00
4.00	Building Improvements	25,234,069	-440,770	0	-440,770	-92,200	4.00
5.00	Fixed Equipment	44,594,053	7,573,482	0	7,573,482	349,455	5.00
6.00	Movable Equipment	44,423,317	1,933,686	0	1,933,686	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	363,662,612	18,306,411	0	18,306,411	-473,659	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	363,662,612	18,306,411	0	18,306,411	-473,659	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,941,150	0				1.00
2.00	Land Improvements	2,794,734	0				2.00
3.00	Buildings and Fixtures	234,646,216	0				3.00
4.00	Building Improvements	24,885,499	0				4.00
5.00	Fixed Equipment	51,818,080	0				5.00
6.00	Movable Equipment	46,357,003	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	382,442,682	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	382,442,682	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	13,970,648	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,970,648	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	13,970,648				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,970,648				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	426,353,550	0	426,353,550	0.676565	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	203,820,537	0	203,820,537	0.323435	0	2.00
3.00	Total (sum of lines 1-2)	630,174,087	0	630,174,087	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	18,217,927	-853,773	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,217,927	-853,773	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	5,966,126	520,491	0	0	23,850,771	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,966,126	520,491	0	0	23,850,771	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-76,206,830			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	-7,200,339			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-49,194	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-28,794	DIETARY	10.00	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			0NONPHYSICIAN 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	Misc. Income	B	-140,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	Misc. Income	B	-918,823	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02	Misc. Income	B	-78,598	MAINTENANCE & REPAIRS		6.00	0 33.02
33.03	Misc. Income	B	-2,006	HOUSEKEEPING		9.00	0 33.03
33.04	Misc. Income	B	-131	CENTRAL SERVICES & SUPPLY		14.00	0 33.04
33.05	Misc. Income	B	-7,540	PHARMACY		15.00	0 33.05
33.06	Misc. Income	B	-112,357	MEDICAL RECORDS & LIBRARY		16.00	0 33.06
33.07	Misc. Income	B	-367,004	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.07
33.08	Misc. Income	B	-55,729	SUBPROVIDER - IPF		40.00	0 33.08
33.09	Misc. Income	B	-32,688	OPERATING ROOM		50.00	0 33.09
33.10	Misc. Income	B	-43	ANESTHESIOLOGY		53.00	0 33.10
33.11	Misc. Income	B	-800	RADIOLOGY-THERAPEUTIC		55.00	0 33.11
33.12	Misc. Income	B	-13,800	LABORATORY		60.00	0 33.12
33.13	Misc. Income	B	-209,001	PHYSICAL THERAPY		66.00	0 33.13
33.14	Misc. Income	B	-102,448	ELECTROCARDIOLOGY		69.00	0 33.14
33.15	Misc. Income	B	-501	GI UNIT		69.01	0 33.15
33.16	Misc. Income	B	-3,393	EMERGENCY		91.00	0 33.16
33.30	Donations	B	-1,438,210	ADMINISTRATIVE & GENERAL		5.00	0 33.30
37.00	Cafeteria Revenues	B	-3,024,521	CAFETERIA		11.00	0 37.00
37.01	Autopsy Reimbursement	B	2,843	LABORATORY		60.00	0 37.01
37.02	Prompt Pay Interest Penalty	B	-656,311	ADMINISTRATIVE & GENERAL		5.00	0 37.02
37.03	Child Care Income	B	-918,966	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.03
37.04	Gain Loss on Disposal	B	-2,901	ADMINISTRATIVE & GENERAL		5.00	0 37.04
38.01	Rental Income	B	-182,349	ADMINISTRATIVE & GENERAL		5.00	0 38.01
38.03	CRNA Contract Labor	A	-1,622,714	ANESTHESIOLOGY		53.00	0 38.03
38.04	CRNA Offset	A	-13,432,789	ANESTHESIOLOGY		53.00	0 38.04
38.05	CRNA FICA	A	-649,358	ANESTHESIOLOGY		53.00	0 38.05
38.06	CRNA Benefits	A	-1,956,060	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-92,303	ANESTHESIOLOGY		53.00	0 38.07
38.08	Real Estate Taxes	A	-48,584	ADMINISTRATIVE & GENERAL		5.00	0 38.08
38.09	IL Retailers Tax	A	99	ADMINISTRATIVE & GENERAL		5.00	0 38.09
38.17	Work Compensation	A	-929,112	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.17
38.22	Ambulance Offset	A	285	SUBPROVIDER - IPF		40.00	0 38.22
38.23	Ambulance Offset	A	-210,123	EMERGENCY		91.00	0 38.23
38.30	Legal Fees	A	-54	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.30
39.00	Self Insurance Malpractice	A	-3,598,133	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00	Self Insurance Health	A	-6,550,163	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.00
42.00	Advertising Expense	A	-54,977	ADMINISTRATIVE & GENERAL		5.00	0 42.00
42.01	Advertising Expense	A	-169	NURSING ADMINISTRATION		13.00	0 42.01
42.02	Advertising Expense	A	-50,965	OPERATING ROOM		50.00	0 42.02
42.03	Advertising Expense	A	-5,123	LABORATORY		60.00	0 42.03
43.00	Post Judgement Interest	B	-21,576	ADMINISTRATIVE & GENERAL		5.00	0 43.00
46.00	Operating Released	B	-323,605	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.00
46.01	Operating Released	B	-235,213	ADMINISTRATIVE & GENERAL		5.00	0 46.01
46.04	Medical Director	A	2,070	ADMINISTRATIVE & GENERAL		5.00	0 46.04
46.05	Medical Director	A	9,995	ADULTS & PEDIATRICS		30.00	0 46.05
46.06	Medical Director	A	1,781	SUBPROVIDER - IRF		41.00	0 46.06
46.07	Medical Director	A	18,500	OPERATING ROOM		50.00	0 46.07
46.08	Medical Director	A	3,000	RESPIRATORY THERAPY		65.00	0 46.08
46.09	Medical Director	A	42,813	PHYSICAL THERAPY		66.00	0 46.09
46.10	Medical Director	A	12,756	ELECTROCARDIOLOGY		69.00	0 46.10
46.11	Medical Director	A	7,531	ELECTROENCEPHALOGRAPHY		70.00	0 46.11
46.12	Medical Director	A	26,529	CARDIAC REHABILITATION		76.97	0 46.12
46.13	Medical Director	A	3,438	KIDNEY ACQUISITION		105.00	0 46.13
46.20	Non-Personal Donations	A	-25,700	ADMINISTRATIVE & GENERAL		5.00	0 46.20
46.21	Non-Personal Donations	A	-100	ADULTS & PEDIATRICS		30.00	0 46.21
46.22	Non-Personal Donations	A	-1,500	NURSERY		43.00	0 46.22
46.23	Non-Personal Donations	A	-650	OPERATING ROOM		50.00	0 46.23
46.24	Non-Personal Donations	A	-199	PHYSICAL THERAPY		66.00	0 46.24
46.30	Restricted Grant Income	B	-323,605	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.30
46.31	Restricted Grant Income	B	-239,636	ADMINISTRATIVE & GENERAL		5.00	0 46.31
47.00	A&G Patient Revenue Offset	B	-1,763	ADMINISTRATIVE & GENERAL		5.00	0 47.00
48.00	Illinois Provider Assessment Expense	A	-25,478,745	ADMINISTRATIVE & GENERAL		5.00	0 48.00
49.00	Lobbyist Fees	A	-68,916	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01	Collection Fees	A	-3,587	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.01
49.02	Collection Fees	A	-363,752	ADMINISTRATIVE & GENERAL		5.00	0 49.02
49.10	Professional Fees Salary	A	-356,432	OPERATING ROOM		50.00	0 49.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
49.11	Professional Fees FICA	A	-14,022	OPERATING ROOM	50.00	0	49.11
49.12	Professional Fees Benefits	A	-51,903	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.12
49.16	Professional Fees Salary	A	-1,050,708	OPERATING ROOM	50.00	0	49.16
49.17	Professional Fees FICA	A	-80,379	OPERATING ROOM	50.00	0	49.17
49.18	Professional Fees Benefits	A	-152,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.18
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-149,618,170				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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2022 9:50 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
	HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	47,988,813	58,586,623	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	4,480,101	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	983,736	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	0	1,727,587	3.01
3.02	6.00	MAINTENANCE & REPAIRS	BAYLIS RENT - MAINT	165,830	0	3.02
3.03	9.00	HOUSEKEEPING	BAYLIS RENT - HSKG	8,391	0	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	344,963	0	3.04
3.05	57.00	CT SCAN	BAYLIS RENT - CT	16,946	0	3.05
3.06	58.00	MRI	BAYLIS RENT - MRI	41,972	0	3.06
3.07	60.00	LABORATORY	BAYLIS RENT - LAB	21,145	0	3.07
3.08	65.00	RESPIRATORY THERAPY	BAYLIS RENT - RT	2,538	0	3.08
3.09	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	381,004	0	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	2,852	626,777	3.10
3.11	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	195,840	0	3.11
3.12	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	5,207	0	3.12
3.13	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	65,803	0	3.13
3.14	60.00	LABORATORY	KOKE MILL RENT - LAB	33,752	0	3.14
3.15	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	294,139	0	3.15
3.16	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	22,030	0	3.16
3.18	5.00	ADMINISTRATIVE & GENERAL	S SIXTH A&G	0	108,988	3.18
3.19	6.00	MAINTENANCE & REPAIRS	S SIXTH ENGINEERING	6,823	0	3.19
3.20	9.00	HOUSEKEEPING	S SIXTH HSKG	5,634	0	3.20
3.21	60.00	LABORATORY	S SIXTH LAB	35,263	0	3.21
3.22	5.00	ADMINISTRATIVE & GENERAL	N DIRKSEN A&G	0	89,241	3.22
3.23	6.00	MAINTENANCE & REPAIRS	N DIRKSEN ENGINEERING	6,055	0	3.23
3.24	9.00	HOUSEKEEPING	N DIRKSEN HSKG	2,403	0	3.24
3.25	60.00	LABORATORY	N DIRKSEN LAB	34,532	0	3.25
3.26	6.00	MAINTENANCE & REPAIRS	VNA RENT - MAINT	5,081	0	3.26
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	27,405	0	3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	233,176	0	3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	28,291	0	3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	3,246	0	3.30
3.31	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	112,857	0	3.31
3.32	60.00	LABORATORY	2401 W JEFFERSON - LAB	31,811	0	3.32
3.33	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC	10,973	0	3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	232,822	3.34
3.35	6.00	MAINTENANCE & REPAIRS	INDUSTRIAL REHAB - MAINT	4,772	0	3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB - PT	74,329	174,843	3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	107,604	3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	16,896	3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	16,599	3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	102,197	3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	16,047	3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	15,765	3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	23,717	3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	3,827	3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	4,292	3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	17,072	3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	2,754	3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	3,090	3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	157,130	3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	32,384	3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	28,208	3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	25,712	3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	5,299	3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCCI	0	4,616	3.54
3.55	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES DMH	0	106,170	3.55
3.56	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS DMH	0	16,671	3.56
3.57	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC DMH	0	16,378	3.57
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	17	3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	3	3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	4	3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	168,308	3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	26,427	3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	25,964	3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	15,046	3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	2,520	3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	3,539	3.66
3.72	6.00	MAINTENANCE & REPAIRS	PETERSBURG - MAINT	4,184	0	3.72
3.73	9.00	HOUSEKEEPING	PETERSBURG - HSKG	1,970	0	3.73

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2022 9:50 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
3.74	66.00	PHYSICAL THERAPY	PETERSBURG - PT	21,331	61,979	3.74
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	503,844	0	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	34,348	0	4.01
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	56,992	0	4.03
4.04	6.00	MAINTENANCE & REPAIRS	CHURCHILL - MAINT	7,376	0	4.04
4.05	16.00	MEDICAL RECORDS & LIBRARY	CHURCHILL - MED REC	28,932	0	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	CHURCHILL - RADIOLOGY	4,775	0	4.06
4.07	91.00	EMERGENCY	CHURCHILL - ER	4,703	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	VINE STREET - A&G	4,688	0	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	160,650	36,245	4.09
4.10	6.00	MAINTENANCE & REPAIRS	2ND & MADISON - MAINT	9,875	0	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	400 W LAWRENCE - A&G	624,150	0	4.11
4.12	6.00	MAINTENANCE & REPAIRS	400 W LAWRENCE - MAINT	29,088	0	4.12
4.13	9.00	HOUSEKEEPING	400 W LAWRENCE - HSKG	7,102	0	4.13
4.14	60.00	LABORATORY	300 E CARPENTER - LAB	286,953	50,222	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	ALMH WEIGHT LOSS LEASE	0	9,176	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	MPS - SALVACION ALMH	0	4,187	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	PAH WEIGHT LOSS LEASE	0	19,588	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	DMH BARIATRICS	0	9,007	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			56,484,938	63,685,277	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOS	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITA	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	0.00	9.00
10.00	E	DECATUR MEM HOS	0.00	DECATUR MEM HOS	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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2022 9:50 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-10,597,810	0		1.00
2.00	4,480,101	9		2.00
3.00	-983,736	0		3.00
3.01	-1,727,587	0		3.01
3.02	165,830	0		3.02
3.03	8,391	0		3.03
3.04	344,963	0		3.04
3.05	16,946	0		3.05
3.06	41,972	0		3.06
3.07	21,145	0		3.07
3.08	2,538	0		3.08
3.09	381,004	0		3.09
3.10	-623,925	0		3.10
3.11	195,840	0		3.11
3.12	5,207	0		3.12
3.13	65,803	0		3.13
3.14	33,752	0		3.14
3.15	294,139	0		3.15
3.16	22,030	0		3.16
3.18	-108,988	0		3.18
3.19	6,823	0		3.19
3.20	5,634	0		3.20
3.21	35,263	0		3.21
3.22	-89,241	0		3.22
3.23	6,055	0		3.23
3.24	2,403	0		3.24
3.25	34,532	0		3.25
3.26	5,081	0		3.26
3.27	27,405	0		3.27
3.28	233,176	0		3.28
3.29	28,291	0		3.29
3.30	3,246	0		3.30
3.31	112,857	0		3.31
3.32	31,811	0		3.32
3.33	10,973	0		3.33
3.34	-232,822	9		3.34
3.35	4,772	0		3.35
3.36	-100,514	0		3.36
3.37	-107,604	0		3.37
3.38	-16,896	0		3.38
3.39	-16,599	0		3.39
3.40	-102,197	0		3.40
3.41	-16,047	0		3.41
3.42	-15,765	0		3.42
3.43	-23,717	0		3.43
3.44	-3,827	0		3.44
3.45	-4,292	0		3.45
3.46	-17,072	0		3.46
3.47	-2,754	0		3.47
3.48	-3,090	0		3.48
3.49	-157,130	0		3.49
3.50	-32,384	0		3.50
3.51	-28,208	0		3.51
3.52	-25,712	0		3.52
3.53	-5,299	0		3.53
3.54	-4,616	0		3.54
3.55	-106,170	0		3.55
3.56	-16,671	0		3.56
3.57	-16,378	0		3.57
3.58	-17	0		3.58
3.59	-3	0		3.59
3.60	-4	0		3.60
3.61	-168,308	0		3.61
3.62	-26,427	0		3.62
3.63	-25,964	0		3.63
3.64	-15,046	0		3.64
3.65	-2,520	0		3.65
3.66	-3,539	0		3.66
3.72	4,184	0		3.72
3.73	1,970	0		3.73

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2022 9:50 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
3.74	-40,648	0		3.74
4.00	503,844	0		4.00
4.01	34,348	0		4.01
4.03	56,992	0		4.03
4.04	7,376	0		4.04
4.05	28,932	0		4.05
4.06	4,775	0		4.06
4.07	4,703	0		4.07
4.08	4,688	0		4.08
4.09	124,405	0		4.09
4.10	9,875	0		4.10
4.11	624,150	0		4.11
4.12	29,088	0		4.12
4.13	7,102	0		4.13
4.14	236,731	0		4.14
4.15	-9,176	0		4.15
4.16	-4,187	0		4.16
4.17	-19,588	0		4.17
4.18	-9,007	0		4.18
5.00	-7,200,339			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	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	HEALTHCARE		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: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2022 9:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	52,328,900	50,823,810	1,505,090	136,700	2,896	1.00
2.00	30.00	ADULTS & PEDIATRICS	366,781	185,350	181,431	136,700	892	2.00
3.00	31.00	INTENSIVE CARE UNIT	2,515,483	2,283,245	232,238	154,100	1,045	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	2,938	0	2,938	142,500	24	5.00
6.00	41.00	SUBPROVIDER - IRF	3,938	0	3,938	136,700	33	6.00
7.00	43.00	NURSERY	33,951	3,874	30,077	136,700	220	7.00
8.00	50.00	OPERATING ROOM	257,457	77,002	180,455	204,100	749	8.00
9.00	53.00	ANESTHESIOLOGY	16,003,727	15,918,836	84,891	200,300	423	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	12,781	6,312	6,469	231,100	50	10.00
11.00	60.00	LABORATORY	549,555	0	549,555	219,500	5,083	11.00
12.00	65.00	RESPIRATORY THERAPY	81,594	20,206	61,388	136,700	301	12.00
13.00	66.00	PHYSICAL THERAPY	129,499	0	129,499	136,700	592	13.00
14.00	69.00	ELECTROCARDIOLOGY	361,062	223,167	137,895	136,700	508	14.00
15.00	69.01	GI UNIT	41,235	17,890	23,345	136,700	99	15.00
16.00	69.02	VASCULAR LAB	21,730	10,238	11,492	136,700	55	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	147,715	0	147,715	136,700	879	17.00
18.00	74.00	RENAL DIALYSIS	22,550	0	22,550	136,700	110	18.00
19.00	91.00	EMERGENCY	3,605,429	3,296,387	309,042	136,700	551	19.00
20.00	105.00	KIDNEY ACQUISITION	117,925	0	117,925	136,700	518	20.00
22.00	76.97	CARDIAC REHABILITATION	91,512	0	91,512	136,700	397	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	820,438	696,913	123,525	231,100	405	25.00
200.00			77,516,200	73,563,230	3,952,970		15,830	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2022 9:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	190,329	9,516	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	58,623	2,931	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	77,420	3,871	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	1,644	82	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	2,169	108	0	0	0	6.00
7.00	43.00	NURSERY	14,459	723	0	0	0	7.00
8.00	50.00	OPERATING ROOM	73,496	3,675	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	40,734	2,037	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	5,555	278	0	0	0	10.00
11.00	60.00	LABORATORY	536,403	26,820	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	19,782	989	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	38,907	1,945	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	33,386	1,669	0	0	0	14.00
15.00	69.01	GI UNIT	6,506	325	0	0	0	15.00
16.00	69.02	VASCULAR LAB	3,615	181	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	57,769	2,888	0	0	0	17.00
18.00	74.00	RENAL DIALYSIS	7,229	361	0	0	0	18.00
19.00	91.00	EMERGENCY	36,212	1,811	0	0	0	19.00
20.00	105.00	KIDNEY ACQUISITION	34,043	1,702	0	0	0	20.00
22.00	76.97	CARDIAC REHABILITATION	26,091	1,305	0	0	0	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	44,998	2,250	0	0	0	25.00
200.00			1,309,370	65,467	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2022 9:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	190,329	1,314,761	52,138,571		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	58,623	122,808	308,158		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	77,420	154,818	2,438,063		3.00
4.00	0.00		0	0	0	0		4.00
5.00	40.00	SUBPROVIDER - IPF	0	1,644	1,294	1,294		5.00
6.00	41.00	SUBPROVIDER - IRF	0	2,169	1,769	1,769		6.00
7.00	43.00	NURSERY	0	14,459	15,618	19,492		7.00
8.00	50.00	OPERATING ROOM	0	73,496	106,959	183,961		8.00
9.00	53.00	ANESTHESIOLOGY	0	40,734	44,157	15,962,993		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	5,555	914	7,226		10.00
11.00	60.00	LABORATORY	0	536,403	13,152	13,152		11.00
12.00	65.00	RESPIRATORY THERAPY	0	19,782	41,606	61,812		12.00
13.00	66.00	PHYSICAL THERAPY	0	38,907	90,592	90,592		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	33,386	104,509	327,676		14.00
15.00	69.01	GI UNIT	0	6,506	16,839	34,729		15.00
16.00	69.02	VASCULAR LAB	0	3,615	7,877	18,115		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	57,769	89,946	89,946		17.00
18.00	74.00	RENAL DIALYSIS	0	7,229	15,321	15,321		18.00
19.00	91.00	EMERGENCY	0	36,212	272,830	3,569,217		19.00
20.00	105.00	KIDNEY ACQUISITION	0	34,043	83,882	83,882		20.00
22.00	76.97	CARDIAC REHABILITATION	0	26,091	65,421	65,421		22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	44,998	78,527	775,440		25.00
200.00			0	1,309,370	2,643,600	76,206,830		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	23,850,771	23,850,771			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,840,404	228,325	0	30,068,729	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	105,401,884	3,792,965	0	3,723,027	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,442,287	2,876,028	0	826,560	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,801,875	102,061	0	22,736	8.00
9.00	00900	HOUSEKEEPING	6,501,614	287,760	0	651,881	9.00
10.00	01000	DIETARY	2,599,517	195,065	0	214,685	10.00
11.00	01100	CAFETERIA	1,360,340	390,653	0	339,638	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,283,203	99,993	0	721,123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,188,701	378,386	0	346,129	14.00
15.00	01500	PHARMACY	10,584,717	141,669	0	1,151,765	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,991,748	290,731	0	579,101	16.00
17.00	01700	SOCIAL SERVICE	993,618	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,486,567	137,556	0	1,554,134	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,888,960	0	0	9,119	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	296,864	5,206	0	39,831	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,374,510	5,452,337	0	4,770,306	30.00
31.00	03100	INTENSIVE CARE UNIT	11,767,665	763,880	0	1,227,502	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,638,031	175,642	0	390,913	33.00
40.00	04000	SUBPROVIDER - IPF	4,759,400	602,503	0	621,957	40.00
41.00	04100	SUBPROVIDER - IRF	2,291,955	182,917	0	253,687	41.00
43.00	04300	NURSERY	742,838	46,359	0	134,236	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,350,134	2,010,538	0	2,643,089	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,390,675	46,621	0	267,216	52.00
53.00	05300	ANESTHESIOLOGY	3,222,618	117,610	0	104,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,942,851	957,043	0	1,218,038	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,061,664	320,782	0	270,457	55.00
57.00	05700	CT SCAN	3,356,075	80,926	0	202,140	57.00
58.00	05800	MRI	1,504,644	18,591	0	108,737	58.00
60.00	06000	LABORATORY	25,890,578	1,148,994	0	1,393,496	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,294,721	0	0	80,290	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,195,256	194,281	0	568,119	65.00
66.00	06600	PHYSICAL THERAPY	8,489,120	280,699	0	1,095,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,122,939	110,977	0	287,985	67.00
68.00	06800	SPEECH PATHOLOGY	884,151	29,551	0	118,338	68.00
69.00	06900	ELECTROCARDIOLOGY	17,219,492	357,227	0	1,062,497	69.00
69.01	03340	GI UNIT	4,003,199	133,348	0	262,599	69.01
69.02	03650	VASCULAR LAB	1,312,966	97,782	0	123,829	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	971,845	33,830	0	107,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,811,475	14,098	0	48,228	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	55,514,004	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,645,650	0	0	18,785	73.00
73.01	03640	RENAL TXPLANT LAB	563,874	24,012	0	37,560	73.01
74.00	07400	RENAL DIALYSIS	1,275,479	127,333	0	164,859	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,270,782	0	0	330,335	75.00
76.97	07697	CARDIAC REHABILITATION	1,081,086	0	0	134,234	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	16,242,547	519,009	0	1,643,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,290,968	17,260	0	59,389	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	541,996,262	22,790,548	0	29,930,367	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,363	30,122	0	165	31,650 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,786	302,381	0	4,622	338,789 192.00
192.01	19201	SIU SCHOOL OF MEDICINE	1,270,013	0	0	0	1,270,013 192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	406,871	71,417	0	36,506	514,794 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	520,649	0	0	520,649 192.05
192.06	19205	VNA OF CENTRAL IL	330	18,591	0	0	18,921 192.06
192.07	19206	GAMBRO	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	92,909	0	0	92,909 192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10	19209	AUDIOLOGY	0	24,154	0	0	24,154 192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	839,398	0	0	97,069	936,467 192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0 192.12
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)	544,546,023	23,850,771	0	30,068,729	544,546,023 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	112,917,876					5.00
6.00	00600	MAINTENANCE & REPAIRS	5,793,299	27,938,174				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	765,644	144,346	0	3,836,662		8.00
9.00	00900	HOUSEKEEPING	1,946,699	487,274	0	0	9,875,228	9.00
10.00	01000	DIETARY	787,251	275,882	0	0	95,891	10.00
11.00	01100	CAFETERIA	546,928	552,504	0	0	192,040	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,596,945	141,421	0	0	49,155	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,285,342	535,154	0	9,560	186,009	14.00
15.00	01500	PHARMACY	3,107,431	200,363	0	3,604	69,642	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,533,442	411,184	0	0	142,920	16.00
17.00	01700	SOCIAL SERVICE	259,939	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,185,942	194,547	0	5,127	67,621	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	496,555	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	89,444	7,364	0	0	2,559	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,806,392	7,711,287	0	2,000,203	2,680,291	30.00
31.00	03100	INTENSIVE CARE UNIT	3,599,491	1,080,362	0	214,104	375,513	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,099,958	248,412	0	102,682	86,343	33.00
40.00	04000	SUBPROVIDER - IPF	1,565,432	852,125	0	94,295	296,182	40.00
41.00	04100	SUBPROVIDER - IRF	713,816	258,700	0	112,302	89,919	41.00
43.00	04300	NURSERY	241,578	65,566	0	51,853	22,790	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,110,863	2,843,520	0	445,973	988,353	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	707,525	65,936	0	112,025	22,918	52.00
53.00	05300	ANESTHESIOLOGY	901,163	166,336	0	0	57,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,001,423	1,688,379	0	179,983	586,848	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,478,850	453,684	0	24,920	157,692	55.00
57.00	05700	CT SCAN	952,032	150,399	0	70,726	52,276	57.00
58.00	05800	MRI	426,939	80,529	0	0	27,990	58.00
60.00	06000	LABORATORY	7,438,346	1,652,805	0	0	574,483	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	882,933	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,820,185	274,773	0	0	95,506	65.00
66.00	06600	PHYSICAL THERAPY	2,580,940	396,995	0	3,023	137,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	659,752	156,955	0	1,295	54,555	67.00
68.00	06800	SPEECH PATHOLOGY	269,991	41,794	0	0	14,527	68.00
69.00	06900	ELECTROCARDIOLOGY	4,876,187	505,229	0	84,251	175,608	69.00
69.01	03340	GI UNIT	1,150,856	188,595	0	97,366	65,552	69.01
69.02	03650	VASCULAR LAB	401,459	138,294	0	0	48,068	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	291,312	47,846	0	12,363	16,631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	490,203	19,939	0	0	6,930	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	14,522,963	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,022,092	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	163,622	33,960	0	0	11,804	73.01
74.00	07400	RENAL DIALYSIS	410,117	180,088	0	17,955	62,595	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,465,303	562,356	0	0	195,464	75.00
76.97	07697	CARDIAC REHABILITATION	317,939	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,814,971	734,038	0	193,052	255,138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	357,781	24,411	0	0	8,485	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,937,275	23,573,352	0	3,836,662	7,974,101	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,280	42,601	0	0	14,807	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,630	427,659	0	0	148,646	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	332,247	2,116,946	0	0	735,810	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	134,675	101,005	0	0	35,108	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	136,206	393,767	0	0	255,944	192.05
192.06	19205	VNA OF CENTRAL IL	4,950	241,216	0	0	83,842	192.06
192.07	19206	GAMBRO	0	335,396	0	0	218,008	192.07
192.08	19208	FOUNDATION	24,306	131,401	0	0	45,673	192.08
192.09	19207	SIU MAP PROGRAM	0	540,669	0	0	351,415	192.09
192.10	19209	AUDIOLOGY	6,319	34,162	0	0	11,874	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	244,988	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	112,917,876	27,938,174	0	3,836,662	9,875,228	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	4,168,291					10.00
11.00	01100	CAFETERIA	0	3,382,103				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	76,369	0	7,968,209		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	83,505	0	0	7,012,786	14.00
15.00	01500	PHARMACY	0	101,633	0	0	25,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,633	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	17,978	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	248,792	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,367	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	4,183	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,907,549	679,200	0	2,683,620	239,652	30.00
31.00	03100	INTENSIVE CARE UNIT	170,917	150,481	0	594,577	103,497	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	42,797	48,383	0	191,170	24,556	33.00
40.00	04000	SUBPROVIDER - IPF	351,204	84,995	0	335,830	5,260	40.00
41.00	04100	SUBPROVIDER - IRF	229,005	37,405	0	147,794	4,923	41.00
43.00	04300	NURSERY	93,526	14,806	0	58,502	9,383	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,167	319,091	0	1,260,782	3,094,090	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,964	0	126,294	20,272	52.00
53.00	05300	ANESTHESIOLOGY	0	16,843	0	66,550	133,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	169,320	0	669,014	449,720	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11	36,475	0	0	13,522	55.00
57.00	05700	CT SCAN	0	31,239	0	0	43,090	57.00
58.00	05800	MRI	0	16,501	0	0	4,961	58.00
60.00	06000	LABORATORY	9,382	238,812	0	0	871,784	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,433	0	0	19,651	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	78,556	0	0	63,261	65.00
66.00	06600	PHYSICAL THERAPY	0	125,080	0	0	8,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	33,618	0	0	563	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,429	0	0	580	68.00
69.00	06900	ELECTROCARDIOLOGY	404	135,033	0	533,537	1,217,002	69.00
69.01	03340	GI UNIT	528	34,452	0	136,126	99,922	69.01
69.02	03650	VASCULAR LAB	0	13,111	0	51,803	27,572	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,220	0	0	4,821	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,691	0	14,585	107,795	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	4,265	0	0	21,275	73.01
74.00	07400	RENAL DIALYSIS	8,202	16,871	0	66,658	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	11	39,415	0	155,734	286,109	75.00
76.97	07697	CARDIAC REHABILITATION	0	17,554	0	69,359	2,226	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	117,368	204,060	0	806,274	109,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,931	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,992,071	3,257,694	0	7,968,209	7,012,650	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	4,566	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	176,220	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	67,140	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	37,979	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	14,724	0	0	136	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	4,168,291	3,382,103	0	7,968,209	7,012,786	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	15,386,686					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,050,759				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,271,535			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,488	5,053,462	877,243	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,801	576,434	19,819	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,618	191,608	27,381	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,002	516,859	155,943	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	851	329,276	22,557	0	0	41.00
43.00	04300	NURSERY	2,210	53,940	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,388	206,905	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,774	0	5,085	0	0	52.00
53.00	05300	ANESTHESIOLOGY	46,079	31,398	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,590	123,982	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	186	68,431	6,650	0	0	55.00
57.00	05700	CT SCAN	18,674	177,922	0	0	0	57.00
58.00	05800	MRI	1,306	37,839	0	0	0	58.00
60.00	06000	LABORATORY	7,185	181,947	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1	4,025	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31,738	14,491	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28	31,398	4,564	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	805	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,754	179,532	0	0	0	69.00
69.01	03340	GI UNIT	13,195	34,618	146,034	0	0	69.01
69.02	03650	VASCULAR LAB	131	6,441	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	15	1,610	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6	1,610	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,971,444	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	5,396	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,397	60,381	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	70	3,220	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	40,325	162,625	6,259	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	18	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,386,686	8,050,759	1,271,535	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	15,386,686	8,050,759	1,271,535	0		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
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Part I
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,880,286					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		2,396,001				22.00
23.00	02300	PARAMED ED PRGM- (EMS)			0			23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)				445,451		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,095,313	1,070,533	0	0	104,497,386	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	20,668,043	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	6,281,494	33.00
40.00	04000	SUBPROVIDER - IPF	1,449,870	218,755	0	0	11,911,612	40.00
41.00	04100	SUBPROVIDER - IRF	11,116	1,677	0	0	4,687,900	41.00
43.00	04300	NURSERY	0	0	0	0	1,537,587	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,312,628	499,806	0	0	52,183,327	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,801,305	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,864,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	360,482	54,389	0	0	28,416,062	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,893,324	55.00
57.00	05700	CT SCAN	0	0	0	0	5,135,499	57.00
58.00	05800	MRI	0	0	0	0	2,228,037	58.00
60.00	06000	LABORATORY	301,725	45,524	0	0	39,755,061	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,291,054	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	238,204	35,940	0	0	9,610,310	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	13,153,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,429,444	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,370,377	68.00
69.00	06900	ELECTROCARDIOLOGY	235,028	35,461	0	0	26,666,242	69.00
69.01	03340	GI UNIT	0	0	0	0	6,366,390	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	2,221,456	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,501,359	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,518,560	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	70,036,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	445,451	54,103,422	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	860,372	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,335,553	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	8,374,287	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,625,688	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,154,497	174,189	0	0	27,177,162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,765,243	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,158,863	2,136,274	0	445,451	531,269,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	97,338	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,003,724	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	4,455,016	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	790,148	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	176,220	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,373,706	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	386,908	192.06
192.07	19206	GAMBRO	0	0	0	0	553,404	192.07
192.08	19208	FOUNDATION	0	0	0	0	294,289	192.08
192.09	19207	SIU MAP PROGRAM	1,721,423	259,727	0	0	2,873,234	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	76,509	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	1,196,315	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	15,880,286	2,396,001	0	445,451	544,546,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(EMS)			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,165,846	96,331,540	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,668,043	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,281,494	33.00
40.00	04000	SUBPROVIDER - IPF	-1,668,625	10,242,987	40.00
41.00	04100	SUBPROVIDER - IRF	-12,793	4,675,107	41.00
43.00	04300	NURSERY	0	1,537,587	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,812,434	48,370,893	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,801,305	52.00
53.00	05300	ANESTHESIOLOGY	0	4,864,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-414,871	28,001,191	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,893,324	55.00
57.00	05700	CT SCAN	0	5,135,499	57.00
58.00	05800	MRI	0	2,228,037	58.00
60.00	06000	LABORATORY	-347,249	39,407,812	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,291,054	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-274,144	9,336,166	65.00
66.00	06600	PHYSICAL THERAPY	0	13,153,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,429,444	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,370,377	68.00
69.00	06900	ELECTROCARDIOLOGY	-270,489	26,395,753	69.00
69.01	03340	GI UNIT	0	6,366,390	69.01
69.02	03650	VASCULAR LAB	0	2,221,456	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,501,359	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,518,560	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	70,036,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,103,422	73.00
73.01	03640	RENAL TXPLANT LAB	0	860,372	73.01
74.00	07400	RENAL DIALYSIS	0	2,335,553	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,374,287	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,625,688	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,328,686	25,848,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,765,243	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,295,137	514,974,075	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	97,338	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,003,724	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	4,455,016	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	790,148	192.03
192.04	19203	MEALS ON WHEELS	0	176,220	192.04
192.05	19204	ACS HOME CARE	0	1,373,706	192.05
192.06	19205	VNA OF CENTRAL IL	0	386,908	192.06
192.07	19206	GAMBRO	0	553,404	192.07
192.08	19208	FOUNDATION	0	294,289	192.08
192.09	19207	SIU MAP PROGRAM	-1,981,150	892,084	192.09
192.10	19209	AUDIOLOGY	0	76,509	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	1,196,315	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-18,276,287	526,269,736	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,022	228,325	0	245,347	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,227,814	3,792,965	0	6,020,779	5.00
6.00	00600	MAINTENANCE & REPAIRS	415,133	2,876,028	0	3,291,161	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	102,061	0	102,061	8.00
9.00	00900	HOUSEKEEPING	48,483	287,760	0	336,243	9.00
10.00	01000	DIETARY	11,601	195,065	0	206,666	10.00
11.00	01100	CAFETERIA	23,411	390,653	0	414,064	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	62,017	99,993	0	162,010	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	286,957	378,386	0	665,343	14.00
15.00	01500	PHARMACY	692,147	141,669	0	833,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,064	290,731	0	375,795	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	137,556	0	137,556	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	0	5,206	0	5,206	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,174,476	5,452,337	0	6,626,813	30.00
31.00	03100	INTENSIVE CARE UNIT	244,232	763,880	0	1,008,112	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	115,006	175,642	0	290,648	33.00
40.00	04000	SUBPROVIDER - IPF	8,617	602,503	0	611,120	40.00
41.00	04100	SUBPROVIDER - IRF	10,268	182,917	0	193,185	41.00
43.00	04300	NURSERY	19,138	46,359	0	65,497	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,266,462	2,010,538	0	5,277,000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,827	46,621	0	76,448	52.00
53.00	05300	ANESTHESIOLOGY	419,780	117,610	0	537,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	894,807	957,043	0	1,851,850	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	593,255	320,782	0	914,037	55.00
57.00	05700	CT SCAN	174,094	80,926	0	255,020	57.00
58.00	05800	MRI	104,099	18,591	0	122,690	58.00
60.00	06000	LABORATORY	431,833	1,148,994	0	1,580,827	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,664	0	0	7,664	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	111,180	194,281	0	305,461	65.00
66.00	06600	PHYSICAL THERAPY	204,483	280,699	0	485,182	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,454	110,977	0	126,431	67.00
68.00	06800	SPEECH PATHOLOGY	600	29,551	0	30,151	68.00
69.00	06900	ELECTROCARDIOLOGY	437,444	357,227	0	794,671	69.00
69.01	03340	GI UNIT	346,969	133,348	0	480,317	69.01
69.02	03650	VASCULAR LAB	52,168	97,782	0	149,950	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	30,166	33,830	0	63,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,432	14,098	0	22,530	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	3,776	24,012	0	27,788	73.01
74.00	07400	RENAL DIALYSIS	7,920	127,333	0	135,253	74.00
75.00	07500	ASC (NON-DISTINCT PART)	426,311	0	0	426,311	75.00
76.97	07697	CARDIAC REHABILITATION	10,043	0	0	10,043	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	125,373	519,009	0	644,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	17,260	0	17,260	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,143,526	22,790,548	0	35,934,074	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,122	0	30,122	1 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	302,381	0	302,381	38 192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0 192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	71,417	0	71,417	298 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	520,649	0	520,649	0 192.05
192.06	19205	VNA OF CENTRAL IL	0	18,591	0	18,591	0 192.06
192.07	19206	GAMBRO	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	92,909	0	92,909	0 192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10	19209	AUDIOLOGY	0	24,154	0	24,154	0 192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	37,037	0	0	37,037	792 192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0 192.12
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)	13,180,563	23,850,771	0	37,031,334	245,347 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	6,051,146					5.00
6.00	00600	MAINTENANCE & REPAIRS	310,449	3,608,352				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,029	18,643	0	161,918		8.00
9.00	00900	HOUSEKEEPING	104,319	62,934	0	0	508,813	9.00
10.00	01000	DIETARY	42,187	35,632	0	0	4,941	10.00
11.00	01100	CAFETERIA	29,309	71,359	0	0	9,895	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	85,576	18,265	0	0	2,533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,878	69,118	0	403	9,584	14.00
15.00	01500	PHARMACY	166,520	25,878	0	152	3,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,173	53,106	0	0	7,364	16.00
17.00	01700	SOCIAL SERVICE	13,930	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	170,727	25,127	0	216	3,484	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	26,609	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	4,793	951	0	0	132	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	793,586	995,950	0	84,414	138,098	30.00
31.00	03100	INTENSIVE CARE UNIT	192,888	139,534	0	9,036	19,348	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	58,944	32,084	0	4,333	4,449	33.00
40.00	04000	SUBPROVIDER - IPF	83,888	110,056	0	3,980	15,261	40.00
41.00	04100	SUBPROVIDER - IRF	38,252	33,412	0	4,739	4,633	41.00
43.00	04300	NURSERY	12,946	8,468	0	2,188	1,174	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	434,642	367,254	0	18,821	50,924	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,915	8,516	0	4,728	1,181	52.00
53.00	05300	ANESTHESIOLOGY	48,291	21,483	0	0	2,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	268,014	218,062	0	7,596	30,237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79,248	58,596	0	1,052	8,125	55.00
57.00	05700	CT SCAN	51,017	19,425	0	2,985	2,693	57.00
58.00	05800	MRI	22,879	10,401	0	0	1,442	58.00
60.00	06000	LABORATORY	398,603	213,468	0	0	29,600	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	47,314	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	97,539	35,488	0	0	4,921	65.00
66.00	06600	PHYSICAL THERAPY	138,306	51,274	0	128	7,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,355	20,272	0	55	2,811	67.00
68.00	06800	SPEECH PATHOLOGY	14,468	5,398	0	0	748	68.00
69.00	06900	ELECTROCARDIOLOGY	261,303	65,253	0	3,556	9,048	69.00
69.01	03340	GI UNIT	61,672	24,358	0	4,109	3,378	69.01
69.02	03650	VASCULAR LAB	21,513	17,861	0	0	2,477	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	15,611	6,180	0	522	857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,269	2,575	0	0	357	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	778,251	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	429,885	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	8,768	4,386	0	0	608	73.01
74.00	07400	RENAL DIALYSIS	21,977	23,259	0	758	3,225	74.00
75.00	07500	ASC (NON-DISTINCT PART)	78,522	72,631	0	0	10,071	75.00
76.97	07697	CARDIAC REHABILITATION	17,038	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	258,023	94,805	0	8,147	13,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	19,173	3,153	0	0	437	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,998,599	3,044,615	0	161,918	410,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	444	5,502	0	0	763	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,749	55,234	0	0	7,659	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	17,804	273,414	0	0	37,912	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	7,217	13,045	0	0	1,809	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

 Worksheet B
 Part II
 Date/Time Prepared:
 2/28/2022 9:50 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	7,299	50,857	0	0	13,187	192.05
192.06	19205	VNA OF CENTRAL IL	265	31,154	0	0	4,320	192.06
192.07	19206	GAMBRO	0	43,318	0	0	11,233	192.07
192.08	19208	FOUNDATION	1,302	16,971	0	0	2,353	192.08
192.09	19207	SIU MAP PROGRAM	0	69,830	0	0	18,106	192.09
192.10	19209	AUDIOLOGY	339	4,412	0	0	612	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	13,128	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,051,146	3,608,352	0	161,918	508,813	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	291,177					10.00
11.00	01100	CAFETERIA	0	527,397				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	11,909	0	286,175		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,022	0	0	829,171	14.00
15.00	01500	PHARMACY	0	15,848	0	0	3,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,848	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,803	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	38,796	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	213	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	652	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	203,108	105,914	0	96,382	28,335	30.00
31.00	03100	INTENSIVE CARE UNIT	11,939	23,466	0	21,354	12,237	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,990	7,545	0	6,866	2,903	33.00
40.00	04000	SUBPROVIDER - IPF	24,533	13,254	0	12,061	622	40.00
41.00	04100	SUBPROVIDER - IRF	15,997	5,833	0	5,308	582	41.00
43.00	04300	NURSERY	6,533	2,309	0	2,101	1,109	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,273	49,758	0	45,280	365,842	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,984	0	4,536	2,397	52.00
53.00	05300	ANESTHESIOLOGY	0	2,626	0	2,390	15,833	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26,403	0	24,027	53,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	5,688	0	0	1,599	55.00
57.00	05700	CT SCAN	0	4,871	0	0	5,095	57.00
58.00	05800	MRI	0	2,573	0	0	587	58.00
60.00	06000	LABORATORY	655	37,240	0	0	103,076	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,471	0	0	2,323	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	12,250	0	0	7,480	65.00
66.00	06600	PHYSICAL THERAPY	0	19,505	0	0	975	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,242	0	0	67	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,782	0	0	69	68.00
69.00	06900	ELECTROCARDIOLOGY	28	21,057	0	19,162	143,893	69.00
69.01	03340	GI UNIT	37	5,372	0	4,889	11,814	69.01
69.02	03650	VASCULAR LAB	0	2,044	0	1,860	3,260	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,062	0	0	570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	576	0	524	12,745	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	665	0	0	2,515	73.01
74.00	07400	RENAL DIALYSIS	573	2,631	0	2,394	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1	6,146	0	5,593	33,828	75.00
76.97	07697	CARDIAC REHABILITATION	0	2,737	0	2,491	263	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,199	31,821	0	28,957	12,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,081	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	278,867	507,997	0	286,175	829,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	712	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	12,310	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	10,470	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	5,922	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	2,296	0	0	16	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	291,177	527,397	0	286,175	829,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,058,254					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	539,009				16.00
17.00	01700	SOCIAL SERVICE	0	0	16,733			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,567	338,335	11,544			30.00
31.00	03100	INTENSIVE CARE UNIT	1,637	38,593	261			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	937	12,828	360			33.00
40.00	04000	SUBPROVIDER - IPF	69	34,604	2,052			40.00
41.00	04100	SUBPROVIDER - IRF	59	22,045	297			41.00
43.00	04300	NURSERY	152	3,611	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,503	13,853	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	328	0	67			52.00
53.00	05300	ANESTHESIOLOGY	3,169	2,102	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,003	8,301	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13	4,582	88			55.00
57.00	05700	CT SCAN	1,284	11,912	0			57.00
58.00	05800	MRI	90	2,533	0			58.00
60.00	06000	LABORATORY	494	12,182	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	270	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	2,183	970	0			65.00
66.00	06600	PHYSICAL THERAPY	2	2,102	60			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	54	0			67.00
68.00	06800	SPEECH PATHOLOGY	1	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	3,422	12,020	0			69.00
69.01	03340	GI UNIT	908	2,318	1,922			69.01
69.02	03650	VASCULAR LAB	9	431	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1	108	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	108	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,029,695	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	371	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	578	4,043	0			75.00
76.97	07697	CARDIAC REHABILITATION	5	216	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,773	10,888	82			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,058,254	539,009	16,733	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,058,254	539,009	16,733	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	388,582					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		26,896				22.00
23.00	02300	PARAMED ED PRGM- (EMS)			0			23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)				12,059		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					9,468,047	30.00
31.00	03100	INTENSIVE CARE UNIT					1,488,417	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					428,076	33.00
40.00	04000	SUBPROVIDER - IPF					916,573	40.00
41.00	04100	SUBPROVIDER - IRF					326,411	41.00
43.00	04300	NURSERY					107,183	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					6,651,709	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					143,280	52.00
53.00	05300	ANESTHESIOLOGY					637,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					2,498,601	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					1,075,235	55.00
57.00	05700	CT SCAN					355,951	57.00
58.00	05800	MRI					164,082	58.00
60.00	06000	LABORATORY					2,387,511	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					59,697	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
65.00	06500	RESPIRATORY THERAPY					470,926	65.00
66.00	06600	PHYSICAL THERAPY					713,582	66.00
67.00	06700	OCCUPATIONAL THERAPY					192,636	67.00
68.00	06800	SPEECH PATHOLOGY					53,582	68.00
69.00	06900	ELECTROCARDIOLOGY					1,342,079	69.00
69.01	03340	GI UNIT					603,236	69.01
69.02	03650	VASCULAR LAB					200,415	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					90,787	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					66,077	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS					778,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					1,459,733	73.00
73.01	03640	RENAL TXPLANT LAB					45,036	73.01
74.00	07400	RENAL DIALYSIS					191,786	74.00
75.00	07500	ASC (NON-DISTINCT PART)					640,418	75.00
76.97	07697	CARDIAC REHABILITATION					33,888	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY					1,127,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					41,589	105.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	34,759,444	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					36,832	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					370,061	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					329,130	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					94,498	192.03
192.04	19203	MEALS ON WHEELS					12,310	192.04
192.05	19204	ACS HOME CARE					602,462	192.05
192.06	19205	VNA OF CENTRAL IL					60,252	192.06
192.07	19206	GAMBRO					54,551	192.07
192.08	19208	FOUNDATION					113,535	192.08
192.09	19207	SIU MAP PROGRAM					87,936	192.09
192.10	19209	AUDIOLOGY					29,517	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY					53,269	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM					0	192.12
200.00		Cross Foot Adjustments	388,582	26,896	0	12,059	427,537	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	388,582	26,896	0	12,059	37,031,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(EMS)			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	9,468,047	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,488,417	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	428,076	33.00
40.00	04000	SUBPROVIDER - IPF	0	916,573	40.00
41.00	04100	SUBPROVIDER - IRF	0	326,411	41.00
43.00	04300	NURSERY	0	107,183	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,651,709	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	143,280	52.00
53.00	05300	ANESTHESIOLOGY	0	637,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,498,601	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,075,235	55.00
57.00	05700	CT SCAN	0	355,951	57.00
58.00	05800	MRI	0	164,082	58.00
60.00	06000	LABORATORY	0	2,387,511	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	59,697	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	470,926	65.00
66.00	06600	PHYSICAL THERAPY	0	713,582	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	192,636	67.00
68.00	06800	SPEECH PATHOLOGY	0	53,582	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,342,079	69.00
69.01	03340	GI UNIT	0	603,236	69.01
69.02	03650	VASCULAR LAB	0	200,415	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	90,787	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	66,077	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	778,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,459,733	73.00
73.01	03640	RENAL TXPLANT LAB	0	45,036	73.01
74.00	07400	RENAL DIALYSIS	0	191,786	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	640,418	75.00
76.97	07697	CARDIAC REHABILITATION	0	33,888	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	1,127,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	41,589	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	34,759,444	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	36,832	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	370,061	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	329,130	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	94,498	192.03
192.04	19203	MEALS ON WHEELS	0	12,310	192.04
192.05	19204	ACS HOME CARE	0	602,462	192.05
192.06	19205	VNA OF CENTRAL IL	0	60,252	192.06
192.07	19206	GAMBRO	0	54,551	192.07
192.08	19208	FOUNDATION	0	113,535	192.08
192.09	19207	SIU MAP PROGRAM	0	87,936	192.09
192.10	19209	AUDIOLOGY	0	29,517	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	53,269	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	427,537	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	37,031,334	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,003,232					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,604	0	206,793,784			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	159,543	0	25,604,706	-112,917,876	431,628,147	5.00
6.00	00600	MAINTENANCE & REPAIRS	120,974	0	5,684,577	0	22,144,875	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	156,365	0	2,926,672	8.00
9.00	00900	HOUSEKEEPING	12,104	0	4,483,238	0	7,441,255	9.00
10.00	01000	DIETARY	8,205	0	1,476,474	0	3,009,267	10.00
11.00	01100	CAFETERIA	16,432	0	2,335,823	0	2,090,631	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	4,959,445	0	6,104,319	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	2,380,467	0	4,913,216	14.00
15.00	01500	PHARMACY	5,959	0	7,921,137	0	11,878,151	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	3,982,701	0	5,861,580	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	993,618	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	10,688,388	0	12,178,257	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	62,714	0	1,898,079	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	219	0	273,932	0	341,901	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,341	0	32,806,679	0	56,597,153	30.00
31.00	03100	INTENSIVE CARE UNIT	32,131	0	8,442,010	0	13,759,047	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,388	0	2,688,462	0	4,204,586	33.00
40.00	04000	SUBPROVIDER - IPF	25,343	0	4,277,438	0	5,983,860	40.00
41.00	04100	SUBPROVIDER - IRF	7,694	0	1,744,701	0	2,728,559	41.00
43.00	04300	NURSERY	1,950	0	923,193	0	923,433	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	18,177,551	0	31,003,761	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	1,837,750	0	2,704,512	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	718,459	0	3,444,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,256	0	8,376,922	0	19,117,932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	1,860,037	0	5,652,903	55.00
57.00	05700	CT SCAN	3,404	0	1,390,198	0	3,639,141	57.00
58.00	05800	MRI	782	0	747,827	0	1,631,972	58.00
60.00	06000	LABORATORY	48,330	0	9,583,616	0	28,433,068	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	552,186	0	3,375,011	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	3,907,175	0	6,957,656	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	7,536,386	0	9,865,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	1,980,583	0	2,521,901	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	813,854	0	1,032,040	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	7,307,205	0	18,639,216	69.00
69.01	03340	GI UNIT	5,609	0	1,805,998	0	4,399,146	69.01
69.02	03650	VASCULAR LAB	4,113	0	851,618	0	1,534,577	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	741,837	0	1,113,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	331,685	0	1,873,801	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	55,514,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	129,193	0	30,664,435	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	258,314	0	625,446	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	1,133,800	0	1,567,671	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	2,271,840	0	5,601,117	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	923,180	0	1,215,320	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,831	0	11,304,108	0	18,405,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	408,444	0	1,367,617	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	958,636	0	205,842,216	-112,917,876	427,879,801	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	1,134	0	31,650	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	31,786	0	338,789	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	1,270,013	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	251,068	0	514,794	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	520,649	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	18,921	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	0	92,909	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	0	24,154	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	667,580	0	936,467	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	23,850,771	0	30,068,729		112,917,876	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.773934	0.000000	0.145404		0.261609	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			245,347		6,051,146	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001186		0.014019	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	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						5.00
6.00	00600	MAINTENANCE & REPAIRS	830,908					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	2,619,815			8.00
9.00	00900	HOUSEKEEPING	14,492	0	0	844,980		9.00
10.00	01000	DIETARY	8,205	0	0	8,205	370,988	10.00
11.00	01100	CAFETERIA	16,432	0	0	16,432	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	0	4,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	6,528	15,916	0	14.00
15.00	01500	PHARMACY	5,959	0	2,461	5,959	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	0	12,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	3,501	5,786	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	219	0	0	219	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,341	0	1,365,814	229,341	258,779	30.00
31.00	03100	INTENSIVE CARE UNIT	32,131	0	146,198	32,131	15,212	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,388	0	70,115	7,388	3,809	33.00
40.00	04000	SUBPROVIDER - IPF	25,343	0	64,388	25,343	31,258	40.00
41.00	04100	SUBPROVIDER - IRF	7,694	0	76,684	7,694	20,382	41.00
43.00	04300	NURSERY	1,950	0	35,407	1,950	8,324	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	304,527	84,569	5,444	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	76,495	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	0	4,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,214	0	122,899	50,214	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	17,016	13,493	1	55.00
57.00	05700	CT SCAN	4,473	0	48,294	4,473	0	57.00
58.00	05800	MRI	2,395	0	0	2,395	0	58.00
60.00	06000	LABORATORY	49,156	0	0	49,156	835	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	0	8,172	0	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	2,064	11,807	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	884	4,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	57,530	15,026	36	69.00
69.01	03340	GI UNIT	5,609	0	66,485	5,609	47	69.01
69.02	03650	VASCULAR LAB	4,113	0	0	4,113	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	8,442	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	0	593	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	12,260	5,356	730	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,725	0	0	16,725	1	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,831	0	131,823	21,831	10,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	0	726	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	701,094	0	2,619,815	682,309	355,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	0	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	0	12,719	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	SIU SCHOOL OF MEDICINE	62,960	0	0	62,960	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	0	3,004	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	15,684	192.04
192.05	19204	ACS HOME CARE	11,711	0	0	21,900	0	192.05
192.06	19205	VNA OF CENTRAL IL	7,174	0	0	7,174	0	192.06
192.07	19206	GAMBRO	9,975	0	0	18,654	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	3,908	0	192.08
192.09	19207	SIU MAP PROGRAM	16,080	0	0	30,069	0	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210	SOUTHGTH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	27,938,174	0	3,836,662	9,875,228	4,168,291	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.623667	0.000000	1.464478	11.686937	11.235649	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,608,352	0	161,918	508,813	291,177	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.342661	0.000000	0.061805	0.602160	0.784869	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	247,385					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,586	0	147,510			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,108	0	0	85,533,747		14.00
15.00	01500	PHARMACY	7,434	0	0	315,438	31,358,665	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,434	0	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	1,315	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,198	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	100	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	306	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,680	0	49,680	2,922,979	194,608	30.00
31.00	03100	INTENSIVE CARE UNIT	11,007	0	11,007	1,262,330	48,507	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,539	0	3,539	299,501	27,754	33.00
40.00	04000	SUBPROVIDER - IPF	6,217	0	6,217	64,153	2,043	40.00
41.00	04100	SUBPROVIDER - IRF	2,736	0	2,736	60,042	1,735	41.00
43.00	04300	NURSERY	1,083	0	1,083	114,444	4,504	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,340	0	23,340	37,738,352	74,161	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,338	0	2,338	247,250	9,730	52.00
53.00	05300	ANESTHESIOLOGY	1,232	0	1,232	1,633,253	93,911	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,385	0	12,385	5,485,127	29,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,668	0	0	164,919	380	55.00
57.00	05700	CT SCAN	2,285	0	0	525,553	38,059	57.00
58.00	05800	MRI	1,207	0	0	60,512	2,662	58.00
60.00	06000	LABORATORY	17,468	0	0	10,632,939	14,644	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	690	0	0	239,678	3	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,746	0	0	771,584	64,683	65.00
66.00	06600	PHYSICAL THERAPY	9,149	0	0	100,563	58	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,459	0	0	6,870	0	67.00
68.00	06800	SPEECH PATHOLOGY	836	0	0	7,069	32	68.00
69.00	06900	ELECTROCARDIOLOGY	9,877	0	9,877	14,843,475	101,401	69.00
69.01	03340	GI UNIT	2,520	0	2,520	1,218,724	26,892	69.01
69.02	03650	VASCULAR LAB	959	0	959	336,292	267	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	967	0	0	58,806	30	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	270	0	270	1,314,749	13	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	30,512,381	73.00
73.01	03640	RENAL TXPLANT LAB	312	0	0	259,486	0	73.01
74.00	07400	RENAL DIALYSIS	1,234	0	1,234	0	10,997	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,883	0	2,883	3,489,600	17,114	75.00
76.97	07697	CARDIAC REHABILITATION	1,284	0	1,284	27,154	142	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,926	0	14,926	1,331,240	82,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	507	0	0	0	36	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	238,285	0	147,510	85,532,086	31,358,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	334	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	4,911	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	2,778	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	1,077	0	0	1,661	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,382,103	0	7,968,209	7,012,786	15,386,686	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.671415	0.000000	54.018094	0.081989	0.490668	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	527,397	0	286,175	829,171	1,058,254	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.131888	0.000000	1.940038	0.009694	0.033747	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
17.00	01700	SOCIAL SERVICE	0	9,752				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0				23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,277	6,728	0	0	4,468	30.00
31.00	03100	INTENSIVE CARE UNIT	716	152	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	238	210	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	642	1,196	0	0	913	40.00
41.00	04100	SUBPROVIDER - IRF	409	173	0	0	7	41.00
43.00	04300	NURSERY	67	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	257	0	0	0	2,086	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	39	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154	0	0	0	227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85	51	0	0	0	55.00
57.00	05700	CT SCAN	221	0	0	0	0	57.00
58.00	05800	MRI	47	0	0	0	0	58.00
60.00	06000	LABORATORY	226	0	0	0	190	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18	0	0	0	150	65.00
66.00	06600	PHYSICAL THERAPY	39	35	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	223	0	0	0	148	69.00
69.01	03340	GI UNIT	43	1,120	0	0	0	69.01
69.02	03650	VASCULAR LAB	8	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	4	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	202	48	0	0	727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	9,752	0	0	8,916	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	1,084	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	8,050,759	1,271,535	0	0	15,880,286	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	805.075900	130.387100	0.000000	0.000000	1,588.028600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	539,009	16,733	0	0	388,582	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	53.900900	1.715853	0.000000	0.000000	38.858200	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(EMS) (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS			
			APPRV (ASSIGNED TIME)			
			22.00		23.00	
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
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00	02300	PARAMED ED PRGM-(EMS)		0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,468	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	913	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,086	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	227	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	190	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	150	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	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	148	0	0	69.00
69.01	03340	GI UNIT	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	727	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,916	0	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet B-1
Date/Time Prepared:
2/28/2022 9:50 am

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM-(EMS) (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)		
		SERVICES-OTHER				
		PRGM COSTS APPRV (ASSIGNED TIME)				
		22.00				
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	1,084	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,396,001	0	445,451	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	239.600100	0.000000	4,454.510000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,896	0	12,059	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.689600	0.000000	120.590000	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: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/28/2022 9:50 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	96,331,540		96,331,540		122,808	96,454,348	30.00
31.00	03100	INTENSIVE CARE UNIT	20,668,043		20,668,043		154,818	20,822,861	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,281,494		6,281,494		0	6,281,494	33.00
40.00	04000	SUBPROVIDER - IPF	10,242,987		10,242,987		1,294	10,244,281	40.00
41.00	04100	SUBPROVIDER - IRF	4,675,107		4,675,107		1,769	4,676,876	41.00
43.00	04300	NURSERY	1,537,587		1,537,587		15,618	1,553,205	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	48,370,893		48,370,893		106,959	48,477,852	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,801,305		3,801,305		0	3,801,305	52.00
53.00	05300	ANESTHESIOLOGY	4,864,788		4,864,788		44,157	4,908,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,001,191		28,001,191		78,527	28,079,718	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,893,324		7,893,324		914	7,894,238	55.00
57.00	05700	CT SCAN	5,135,499		5,135,499		0	5,135,499	57.00
58.00	05800	MRI	2,228,037		2,228,037		0	2,228,037	58.00
60.00	06000	LABORATORY	39,407,812		39,407,812		13,152	39,420,964	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,291,054		4,291,054		0	4,291,054	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0		0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,336,166	0	9,336,166		41,606	9,377,772	65.00
66.00	06600	PHYSICAL THERAPY	13,153,901	0	13,153,901		90,592	13,244,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,429,444	0	3,429,444		0	3,429,444	67.00
68.00	06800	SPEECH PATHOLOGY	1,370,377	0	1,370,377		0	1,370,377	68.00
69.00	06900	ELECTROCARDIOLOGY	26,395,753		26,395,753		104,509	26,500,262	69.00
69.01	03340	GI UNIT	6,366,390		6,366,390		16,839	6,383,229	69.01
69.02	03650	VASCULAR LAB	2,221,456		2,221,456		7,877	2,229,333	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,501,359		1,501,359		89,946	1,591,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,518,560		2,518,560		0	2,518,560	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	70,036,967		70,036,967		0	70,036,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,103,422		54,103,422		0	54,103,422	73.00
73.01	03640	RENAL TXPLANT LAB	860,372		860,372		0	860,372	73.01
74.00	07400	RENAL DIALYSIS	2,335,553		2,335,553		15,321	2,350,874	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,374,287		8,374,287		0	8,374,287	75.00
76.97	07697	CARDIAC REHABILITATION	1,625,688		1,625,688		65,421	1,691,109	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0		0	0	76.98
76.99	07699	LITHOTRIPSY	0		0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	25,848,476		25,848,476		272,830	26,121,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,890,671		2,890,671			2,890,671	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0		0	0	94.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,765,243		1,765,243			1,765,243	105.00
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	517,864,746	0	517,864,746		1,244,957	519,109,703	200.00
201.00		Less Observation Beds	2,890,671		2,890,671			2,890,671	201.00
202.00		Total (see instructions)	514,974,075	0	514,974,075		1,244,957	516,219,032	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/28/2022 9:50 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	185,289,353		185,289,353		30.00
31.00	03100	INTENSIVE CARE UNIT	45,546,386		45,546,386		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,894,147		15,894,147		33.00
40.00	04000	SUBPROVIDER - IPF	22,884,546		22,884,546		40.00
41.00	04100	SUBPROVIDER - IRF	10,104,341		10,104,341		41.00
43.00	04300	NURSERY	4,063,877		4,063,877		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	173,534,732	172,432,752	345,967,484	0.139813	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,388,490	113,936	9,502,426	0.400035	0.000000
53.00	05300	ANESTHESIOLOGY	8,382,233	26,002,355	34,384,588	0.141482	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,912,697	103,136,403	157,049,100	0.178296	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,536,405	57,165,880	59,702,285	0.132211	0.000000
57.00	05700	CT SCAN	94,737,643	148,708,409	243,446,052	0.021095	0.000000
58.00	05800	MRI	16,926,969	31,541,021	48,467,990	0.045969	0.000000
60.00	06000	LABORATORY	111,646,387	151,522,867	263,169,254	0.149743	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,560,582	3,373,989	14,934,571	0.287324	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	72,946,825	11,912,943	84,859,768	0.110019	0.000000
66.00	06600	PHYSICAL THERAPY	17,504,208	26,512,335	44,016,543	0.298840	0.000000
67.00	06700	OCCUPATIONAL THERAPY	14,294,449	679,790	14,974,239	0.229023	0.000000
68.00	06800	SPEECH PATHOLOGY	5,221,473	78,016	5,299,489	0.258587	0.000000
69.00	06900	ELECTROCARDIOLOGY	121,751,046	150,058,373	271,809,419	0.097111	0.000000
69.01	03340	GI UNIT	4,764,702	29,151,974	33,916,676	0.187707	0.000000
69.02	03650	VASCULAR LAB	10,878,307	5,093,992	15,972,299	0.139082	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	5,190,711	1,121,958	6,312,669	0.237833	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,503,477	1,019,202	10,522,679	0.239346	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	136,610,695	114,589,580	251,200,275	0.278809	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	118,074,105	81,295,171	199,369,276	0.271373	0.000000
73.01	03640	RENAL TXPLANT LAB	35,502	665,386	700,888	1.227546	0.000000
74.00	07400	RENAL DIALYSIS	12,600,296	3,191,262	15,791,558	0.147899	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	115,339	50,250,873	50,366,212	0.166268	0.000000
76.97	07697	CARDIAC REHABILITATION	1,879,018	3,010,376	4,889,394	0.332493	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	64,082,801	78,742,016	142,824,817	0.180980	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,398,091	4,931,033	6,329,124	0.456725	0.000000
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,363,259,833	1,256,301,892	2,619,561,725		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,363,259,833	1,256,301,892	2,619,561,725		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/28/2022 9:50 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140123		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400035		52.00
53.00	05300	ANESTHESIOLOGY	0.142766		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178796		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132227		55.00
57.00	05700	CT SCAN	0.021095		57.00
58.00	05800	MRI	0.045969		58.00
60.00	06000	LABORATORY	0.149793		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.110509		65.00
66.00	06600	PHYSICAL THERAPY	0.300898		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229023		67.00
68.00	06800	SPEECH PATHOLOGY	0.258587		68.00
69.00	06900	ELECTROCARDIOLOGY	0.097496		69.00
69.01	03340	GI UNIT	0.188203		69.01
69.02	03650	VASCULAR LAB	0.139575		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.252081		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271373		73.00
73.01	03640	RENAL TXPLANT LAB	1.227546		73.01
74.00	07400	RENAL DIALYSIS	0.148869		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.166268		75.00
76.97	07697	CARDIAC REHABILITATION	0.345873		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.182891		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.456725		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/28/2022 9:50 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,331,540		96,331,540	122,808	96,454,348	30.00
31.00	03100	INTENSIVE CARE UNIT	20,668,043		20,668,043	154,818	20,822,861	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,281,494		6,281,494	0	6,281,494	33.00
40.00	04000	SUBPROVIDER - IPF	10,242,987		10,242,987	1,294	10,244,281	40.00
41.00	04100	SUBPROVIDER - IRF	4,675,107		4,675,107	1,769	4,676,876	41.00
43.00	04300	NURSERY	1,537,587		1,537,587	15,618	1,553,205	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,370,893		48,370,893	106,959	48,477,852	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,801,305		3,801,305	0	3,801,305	52.00
53.00	05300	ANESTHESIOLOGY	4,864,788		4,864,788	44,157	4,908,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,001,191		28,001,191	78,527	28,079,718	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,893,324		7,893,324	914	7,894,238	55.00
57.00	05700	CT SCAN	5,135,499		5,135,499	0	5,135,499	57.00
58.00	05800	MRI	2,228,037		2,228,037	0	2,228,037	58.00
60.00	06000	LABORATORY	39,407,812		39,407,812	13,152	39,420,964	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,291,054		4,291,054	0	4,291,054	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,336,166	0	9,336,166	41,606	9,377,772	65.00
66.00	06600	PHYSICAL THERAPY	13,153,901	0	13,153,901	90,592	13,244,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,429,444	0	3,429,444	0	3,429,444	67.00
68.00	06800	SPEECH PATHOLOGY	1,370,377	0	1,370,377	0	1,370,377	68.00
69.00	06900	ELECTROCARDIOLOGY	26,395,753		26,395,753	104,509	26,500,262	69.00
69.01	03340	GI UNIT	6,366,390		6,366,390	16,839	6,383,229	69.01
69.02	03650	VASCULAR LAB	2,221,456		2,221,456	7,877	2,229,333	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,501,359		1,501,359	89,946	1,591,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,518,560		2,518,560	0	2,518,560	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	70,036,967		70,036,967	0	70,036,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,103,422		54,103,422	0	54,103,422	73.00
73.01	03640	RENAL TXPLANT LAB	860,372		860,372	0	860,372	73.01
74.00	07400	RENAL DIALYSIS	2,335,553		2,335,553	15,321	2,350,874	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,374,287		8,374,287	0	8,374,287	75.00
76.97	07697	CARDIAC REHABILITATION	1,625,688		1,625,688	65,421	1,691,109	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	25,848,476		25,848,476	272,830	26,121,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,890,671		2,890,671		2,890,671	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,765,243		1,765,243		1,765,243	105.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	517,864,746	0	517,864,746	1,244,957	519,109,703	200.00
201.00		Less Observation Beds	2,890,671		2,890,671		2,890,671	201.00
202.00		Total (see instructions)	514,974,075	0	514,974,075	1,244,957	516,219,032	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

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	185,289,353		185,289,353		30.00
31.00	03100	INTENSIVE CARE UNIT	45,546,386		45,546,386		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,894,147		15,894,147		33.00
40.00	04000	SUBPROVIDER - IPF	22,884,546		22,884,546		40.00
41.00	04100	SUBPROVIDER - IRF	10,104,341		10,104,341		41.00
43.00	04300	NURSERY	4,063,877		4,063,877		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	173,534,732	172,432,752	345,967,484	0.139813	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,388,490	113,936	9,502,426	0.400035	0.000000
53.00	05300	ANESTHESIOLOGY	8,382,233	26,002,355	34,384,588	0.141482	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,912,697	103,136,403	157,049,100	0.178296	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,536,405	57,165,880	59,702,285	0.132211	0.000000
57.00	05700	CT SCAN	94,737,643	148,708,409	243,446,052	0.021095	0.000000
58.00	05800	MRI	16,926,969	31,541,021	48,467,990	0.045969	0.000000
60.00	06000	LABORATORY	111,646,387	151,522,867	263,169,254	0.149743	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,560,582	3,373,989	14,934,571	0.287324	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	72,946,825	11,912,943	84,859,768	0.110019	0.000000
66.00	06600	PHYSICAL THERAPY	17,504,208	26,512,335	44,016,543	0.298840	0.000000
67.00	06700	OCCUPATIONAL THERAPY	14,294,449	679,790	14,974,239	0.229023	0.000000
68.00	06800	SPEECH PATHOLOGY	5,221,473	78,016	5,299,489	0.258587	0.000000
69.00	06900	ELECTROCARDIOLOGY	121,751,046	150,058,373	271,809,419	0.097111	0.000000
69.01	03340	GI UNIT	4,764,702	29,151,974	33,916,676	0.187707	0.000000
69.02	03650	VASCULAR LAB	10,878,307	5,093,992	15,972,299	0.139082	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	5,190,711	1,121,958	6,312,669	0.237833	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,503,477	1,019,202	10,522,679	0.239346	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	136,610,695	114,589,580	251,200,275	0.278809	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	118,074,105	81,295,171	199,369,276	0.271373	0.000000
73.01	03640	RENAL TXPLANT LAB	35,502	665,386	700,888	1.227546	0.000000
74.00	07400	RENAL DIALYSIS	12,600,296	3,191,262	15,791,558	0.147899	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	115,339	50,250,873	50,366,212	0.166268	0.000000
76.97	07697	CARDIAC REHABILITATION	1,879,018	3,010,376	4,889,394	0.332493	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	64,082,801	78,742,016	142,824,817	0.180980	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,398,091	4,931,033	6,329,124	0.456725	0.000000
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,363,259,833	1,256,301,892	2,619,561,725		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,363,259,833	1,256,301,892	2,619,561,725		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
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	03340	GI UNIT	0.000000			69.01
69.02	03650	VASCULAR LAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03640	RENAL TXPLANT LAB	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/28/2022 9:50 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,468,047	0	9,468,047	96,899	97.71	30.00
31.00	INTENSIVE CARE UNIT	1,488,417		1,488,417	10,873	136.89	31.00
33.00	BURN INTENSIVE CARE UNIT	428,076		428,076	3,548	120.65	33.00
40.00	SUBPROVIDER - IPF	916,573	0	916,573	9,734	94.16	40.00
41.00	SUBPROVIDER - IRF	326,411	0	326,411	6,145	53.12	41.00
43.00	NURSERY	107,183		107,183	2,074	51.68	43.00
200.00	Total (lines 30 through 199)	12,734,707		12,734,707	129,273		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	36,859	3,601,493				30.00
31.00	INTENSIVE CARE UNIT	4,208	576,033				31.00
33.00	BURN INTENSIVE CARE UNIT	1,179	142,246				33.00
40.00	SUBPROVIDER - IPF	2,718	255,927				40.00
41.00	SUBPROVIDER - IRF	2,739	145,496				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	47,703	4,721,195				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/28/2022 9:50 am

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	PPS	
						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	6,651,709	345,967,484	0.019226	55,944,495	1,075,589	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	143,280	9,502,426	0.015078	0	0	52.00
53.00	05300 ANESTHESIOLOGY	637,115	34,384,588	0.018529	7,453,625	138,108	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,498,601	157,049,100	0.015910	20,855,619	331,813	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,075,235	59,702,285	0.018010	1,153,346	20,772	55.00
57.00	05700 CT SCAN	355,951	243,446,052	0.001462	34,421,556	50,324	57.00
58.00	05800 MRI	164,082	48,467,990	0.003385	5,792,141	19,606	58.00
60.00	06000 LABORATORY	2,387,511	263,169,254	0.009072	41,619,758	377,574	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	59,697	14,934,571	0.003997	4,202,348	16,797	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	470,926	84,859,768	0.005549	28,451,587	157,878	65.00
66.00	06600 PHYSICAL THERAPY	713,582	44,016,543	0.016212	5,407,275	87,663	66.00
67.00	06700 OCCUPATIONAL THERAPY	192,636	14,974,239	0.012864	4,287,644	55,156	67.00
68.00	06800 SPEECH PATHOLOGY	53,582	5,299,489	0.010111	1,568,258	15,857	68.00
69.00	06900 ELECTROCARDIOLOGY	1,342,079	271,809,419	0.004938	44,945,530	221,941	69.00
69.01	03340 GI UNIT	603,236	33,916,676	0.017786	1,657,239	29,476	69.01
69.02	03650 VASCULAR LAB	200,415	15,972,299	0.012548	3,797,790	47,655	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	90,787	6,312,669	0.014382	1,524,341	21,923	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	66,077	10,522,679	0.006279	3,751,261	23,554	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	778,251	251,200,275	0.003098	61,396,100	190,205	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,459,733	199,369,276	0.007322	42,805,316	313,421	73.00
73.01	03640 RENAL TXPLANT LAB	45,036	700,888	0.064256	0	0	73.01
74.00	07400 RENAL DIALYSIS	191,786	15,791,558	0.012145	7,108,946	86,338	74.00
75.00	07500 ASC (NON-DISTINCT PART)	640,418	50,366,212	0.012715	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	33,888	4,889,394	0.006931	713,957	4,948	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,127,535	142,824,817	0.007895	19,030,881	150,249	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	283,751	6,329,124	0.044833	709,638	31,815	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50 through 199)	22,266,899	2,335,779,075		398,598,651	3,468,662	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/28/2022 9:50 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	96,899	0.00	36,859	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	10,873	0.00	4,208	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,548	0.00	1,179	33.00		
40.00	04000	SUBPROVIDER - IPF	0	0	9,734	0.00	2,718	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	6,145	0.00	2,739	41.00		
43.00	04300	NURSERY	0	0	2,074	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	129,273		47,703	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	
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	03340	GI UNIT	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	69.02
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	445,451	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
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
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	445,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	345,967,484	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,502,426	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	34,384,588	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	157,049,100	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,702,285	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	243,446,052	0.000000	57.00
58.00	05800	MRI	0	0	0	48,467,990	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	263,169,254	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,934,571	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	84,859,768	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	44,016,543	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,974,239	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,299,489	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	271,809,419	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	33,916,676	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,972,299	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,312,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,522,679	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	251,200,275	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	445,451	445,451	199,369,276	0.002234	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	700,888	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	15,791,558	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	50,366,212	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,889,394	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	142,824,817	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,329,124	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	445,451	445,451	2,335,779,075		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	55,944,495	0	39,442,409	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	7,453,625	0	8,310,738	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	20,855,619	0	27,477,560	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,153,346	0	20,201,332	0	55.00
57.00	05700	CT SCAN	0.000000	34,421,556	0	35,941,667	0	57.00
58.00	05800	MRI	0.000000	5,792,141	0	6,420,118	0	58.00
60.00	06000	LABORATORY	0.000000	41,619,758	0	13,123,374	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,202,348	0	1,102,254	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	28,451,587	0	2,907,747	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,407,275	0	255,265	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,287,644	0	5,053	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,568,258	0	2,986	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	44,945,530	0	47,296,672	0	69.00
69.01	03340	GI UNIT	0.000000	1,657,239	0	6,367,363	0	69.01
69.02	03650	VASCULAR LAB	0.000000	3,797,790	0	1,290,164	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,524,341	0	181,546	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,751,261	0	21,109	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	61,396,100	0	39,638,456	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002234	42,805,316	95,627	27,156,212	60,667	73.00
73.01	03640	RENAL TXPLANT LAB	0.000000	0	0	37,243	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	7,108,946	0	1,813,152	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	7,026,048	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	713,957	0	639,317	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	19,030,881	0	13,462,368	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	709,638	0	848,128	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		398,598,651	95,627	300,968,281	60,667	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/28/2022 9:50 am		
				Title XVIII	Hospital	PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.139813	39,442,409	0	0	5,514,562	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400035	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.141482	8,310,738	0	0	1,175,820	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178296	27,477,560	0	635	4,899,139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132211	20,201,332	0	0	2,670,838	55.00
57.00	05700	CT SCAN	0.021095	35,941,667	0	1,429	758,189	57.00
58.00	05800	MRI	0.045969	6,420,118	0	0	295,126	58.00
60.00	06000	LABORATORY	0.149743	13,123,374	11,178	0	1,965,133	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324	1,102,254	111	0	316,704	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.110019	2,907,747	0	0	319,907	65.00
66.00	06600	PHYSICAL THERAPY	0.298840	255,265	0	0	76,283	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229023	5,053	0	0	1,157	67.00
68.00	06800	SPEECH PATHOLOGY	0.258587	2,986	0	0	772	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097111	47,296,672	0	635	4,593,027	69.00
69.01	03340	GI UNIT	0.187707	6,367,363	0	0	1,195,199	69.01
69.02	03650	VASCULAR LAB	0.139082	1,290,164	0	0	179,439	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237833	181,546	0	0	43,178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346	21,109	0	0	5,052	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809	39,638,456	0	0	11,051,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271373	27,156,212	0	13,182	7,369,463	73.00
73.01	03640	RENAL TXPLANT LAB	1.227546	37,243	15	0	45,717	73.01
74.00	07400	RENAL DIALYSIS	0.147899	1,813,152	0	0	268,163	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.166268	7,026,048	0	0	1,168,207	75.00
76.97	07697	CARDIAC REHABILITATION	0.332493	639,317	0	0	212,568	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.180980	13,462,368	0	0	2,436,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.456725	848,128	0	0	387,361	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
200.00		Subtotal (see instructions)		300,968,281	11,304	15,881	46,948,981	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		300,968,281	11,304	15,881	46,948,981	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0148		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/28/2022 9:50 am
			Title XVIII		Hospital	PPS
Cost Center Description		Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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	113		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	30		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	1,674	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	32	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	62		69.00
69.01	03340	GI UNIT	0	0		69.01
69.02	03650	VASCULAR LAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,577		73.00
73.01	03640	RENAL TXPLANT LAB	18	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
200.00		Subtotal (see instructions)	1,724	3,782		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,724	3,782		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:

Worksheet D

Component CCN: 14-S148

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
2/28/2022 9:50 am

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,651,709	345,967,484	0.019226	18,285	352	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,280	9,502,426	0.015078	0	0	52.00
53.00	05300	ANESTHESIOLOGY	637,115	34,384,588	0.018529	130,899	2,425	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,498,601	157,049,100	0.015910	69,542	1,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,075,235	59,702,285	0.018010	0	0	55.00
57.00	05700	CT SCAN	355,951	243,446,052	0.001462	180,406	264	57.00
58.00	05800	MRI	164,082	48,467,990	0.003385	39,566	134	58.00
60.00	06000	LABORATORY	2,387,511	263,169,254	0.009072	468,359	4,249	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	59,697	14,934,571	0.003997	3,192	13	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	470,926	84,859,768	0.005549	23,725	132	65.00
66.00	06600	PHYSICAL THERAPY	713,582	44,016,543	0.016212	37,016	600	66.00
67.00	06700	OCCUPATIONAL THERAPY	192,636	14,974,239	0.012864	18,247	235	67.00
68.00	06800	SPEECH PATHOLOGY	53,582	5,299,489	0.010111	2,941	30	68.00
69.00	06900	ELECTROCARDIOLOGY	1,342,079	271,809,419	0.004938	91,128	450	69.00
69.01	03340	GI UNIT	603,236	33,916,676	0.017786	0	0	69.01
69.02	03650	VASCULAR LAB	200,415	15,972,299	0.012548	35,118	441	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	90,787	6,312,669	0.014382	13,596	196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,077	10,522,679	0.006279	10,561	66	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	778,251	251,200,275	0.003098	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,459,733	199,369,276	0.007322	298,494	2,186	73.00
73.01	03640	RENAL TXPLANT LAB	45,036	700,888	0.064256	0	0	73.01
74.00	07400	RENAL DIALYSIS	191,786	15,791,558	0.012145	12,390	150	74.00
75.00	07500	ASC (NON-DISTINCT PART)	640,418	50,366,212	0.012715	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	33,888	4,889,394	0.006931	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,127,535	142,824,817	0.007895	376,608	2,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,329,124	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	21,983,148	2,335,779,075		1,830,073	16,002	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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	03340	GI UNIT		0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB		0	0	0	0	0	69.02
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	445,451	73.00
73.01	03640	RENAL TXPLANT LAB		0	0	0	0	0	73.01
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
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
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
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		0	0	0	0	445,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	345,967,484	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,502,426	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	34,384,588	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	157,049,100	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,702,285	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	243,446,052	0.000000	57.00
58.00	05800	MRI	0	0	0	48,467,990	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	263,169,254	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,934,571	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	84,859,768	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	44,016,543	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,974,239	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,299,489	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	271,809,419	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	33,916,676	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,972,299	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,312,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,522,679	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	251,200,275	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	445,451	445,451	199,369,276	0.002234	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	700,888	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	15,791,558	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	50,366,212	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,889,394	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	142,824,817	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,329,124	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	445,451	445,451	2,335,779,075		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		18,285	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		130,899	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		69,542	0	6,214	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		180,406	0	0	0	57.00
58.00	05800	MRI	0.000000		39,566	0	0	0	58.00
60.00	06000	LABORATORY	0.000000		468,359	0	629	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		3,192	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		23,725	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		37,016	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		18,247	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		2,941	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		91,128	0	12,707	0	69.00
69.01	03340	GI UNIT	0.000000		0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.000000		35,118	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		13,596	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		10,561	0	981	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002234		298,494	667	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		12,390	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	354	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		376,608	0	3,514	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
200.00		Total (lines 50 through 199)			1,830,073	667	24,399	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0148

Period:

Worksheet D

Component CCN: 14-S148

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/28/2022 9:50 am

Title XVIII

Subprovider -
IPF

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	0.139813	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400035	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.141482	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178296	6,214	0	0	1,108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132211	0	0	0	0	55.00
57.00	05700	CT SCAN	0.021095	0	0	0	0	57.00
58.00	05800	MRI	0.045969	0	0	0	0	58.00
60.00	06000	LABORATORY	0.149743	629	0	0	94	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.110019	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.298840	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229023	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.258587	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097111	12,707	0	0	1,234	69.00
69.01	03340	GI UNIT	0.187707	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.139082	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237833	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346	981	0	0	235	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271373	0	0	335	0	73.00
73.01	03640	RENAL TXPLANT LAB	1.227546	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.147899	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.166268	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.332493	354	0	0	118	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.180980	3,514	0	0	636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.456725	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
200.00		Subtotal (see instructions)		24,399	0	335	3,425	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		24,399	0	335	3,425	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/28/2022 9:50 am		
			Title XVIII		Subprovider - IPF		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
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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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	03340	GI UNIT	0	0					69.01
69.02	03650	VASCULAR LAB	0	0					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	91					73.00
73.01	03640	RENAL TXPLANT LAB	0	0					73.01
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	0	91					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	91					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:

Worksheet D

Component CCN: 14-T148

From 10/01/2020

Part II

To 09/30/2021

Date/Time Prepared:

2/28/2022 9:50 am

				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,651,709	345,967,484	0.019226	38,961	749	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,280	9,502,426	0.015078	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	637,115	34,384,588	0.018529	5,388	100	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,498,601	157,049,100	0.015910	123,422	1,964	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,075,235	59,702,285	0.018010	10,415	188	55.00	
57.00	05700	CT SCAN	355,951	243,446,052	0.001462	121,297	177	57.00	
58.00	05800	MRI	164,082	48,467,990	0.003385	54,950	186	58.00	
60.00	06000	LABORATORY	2,387,511	263,169,254	0.009072	441,527	4,006	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	59,697	14,934,571	0.003997	12,457	50	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	470,926	84,859,768	0.005549	487,885	2,707	65.00	
66.00	06600	PHYSICAL THERAPY	713,582	44,016,543	0.016212	2,076,925	33,671	66.00	
67.00	06700	OCCUPATIONAL THERAPY	192,636	14,974,239	0.012864	1,831,702	23,563	67.00	
68.00	06800	SPEECH PATHOLOGY	53,582	5,299,489	0.010111	651,555	6,588	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,342,079	271,809,419	0.004938	173,960	859	69.00	
69.01	03340	GI UNIT	603,236	33,916,676	0.017786	4,297	76	69.01	
69.02	03650	VASCULAR LAB	200,415	15,972,299	0.012548	34,614	434	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	90,787	6,312,669	0.014382	22,688	326	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,077	10,522,679	0.006279	98,649	619	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	778,251	251,200,275	0.003098	17,718	55	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,459,733	199,369,276	0.007322	255,185	1,868	73.00	
73.01	03640	RENAL TXPLANT LAB	45,036	700,888	0.064256	0	0	73.01	
74.00	07400	RENAL DIALYSIS	191,786	15,791,558	0.012145	258,545	3,140	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	640,418	50,366,212	0.012715	0	0	75.00	
76.97	07697	CARDIAC REHABILITATION	33,888	4,889,394	0.006931	663	5	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	1,127,535	142,824,817	0.007895	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,329,124	0.000000	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
200.00		Total (lines 50 through 199)	21,983,148	2,335,779,075		6,722,803	81,331	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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	03340	GI UNIT		0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB		0	0	0	0	0	69.02
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	445,451	73.00
73.01	03640	RENAL TXPLANT LAB		0	0	0	0	0	73.01
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
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
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
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		0	0	0	0	445,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	345,967,484	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,502,426	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	34,384,588	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	157,049,100	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,702,285	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	243,446,052	0.000000	57.00
58.00	05800	MRI	0	0	0	48,467,990	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	263,169,254	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,934,571	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	84,859,768	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	44,016,543	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,974,239	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,299,489	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	271,809,419	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	33,916,676	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,972,299	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,312,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,522,679	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	251,200,275	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	445,451	445,451	199,369,276	0.002234	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	700,888	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	15,791,558	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	50,366,212	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,889,394	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	142,824,817	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,329,124	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	445,451	445,451	2,335,779,075		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	38,961	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	5,388	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	123,422	0	6,407	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	10,415	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	121,297	0	0	0	57.00
58.00	05800	MRI		0.000000	54,950	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	441,527	0	366	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	12,457	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	487,885	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,076,925	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,831,702	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	651,555	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	173,960	0	349	0	69.00
69.01	03340	GI UNIT		0.000000	4,297	0	0	0	69.01
69.02	03650	VASCULAR LAB		0.000000	34,614	0	2,045	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	22,688	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	98,649	0	18,841	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	17,718	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002234	255,185	570	0	0	73.00
73.01	03640	RENAL TXPLANT LAB		0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0.000000	258,545	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	663	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
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
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
200.00		Total (lines 50 through 199)			6,722,803	570	28,008	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.139813	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400035	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.141482	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178296	6,407	0	0	0	1,142	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132211	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.021095	0	0	0	0	0	57.00
58.00	05800	MRI	0.045969	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.149743	366	0	0	0	55	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.110019	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.298840	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229023	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.258587	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097111	349	0	0	0	34	69.00
69.01	03340	GI UNIT	0.187707	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.139082	2,045	0	0	0	284	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237833	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346	18,841	0	0	0	4,510	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271373	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1.227546	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.147899	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.166268	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.332493	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.180980	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.456725	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0		94.00
200.00		Subtotal (see instructions)		28,008	0	0	0	6,025	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		28,008	0	0	0	6,025	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/28/2022 9:50 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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	03340	GI UNIT	0	0					69.01
69.02	03650	VASCULAR LAB	0	0					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
73.01	03640	RENAL TXPLANT LAB	0	0					73.01
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		96,899	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		96,899	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.		92,142	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,853	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)		36,859	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)		96,454,348	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)		96,454,348	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		168,872,150	28.00	
29.00	Private room charges (excluding swing-bed charges)		168,320,170	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		551,980	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.571168	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,826.75	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		297.88	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		1,528.87	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		873.24	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		80,462,080	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,992,268	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)		995.41	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		36,689,817	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)		36,689,817	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

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

Worksheet D-1

Date/Time Prepared:
2/28/2022 9:50 am

			Title XVIII		Hospital	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(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	20,822,861	10,873	1,915.10	4,208	8,058,741	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	6,281,494	3,548	1,770.43	1,179	2,087,337	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)					67,727,504	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					114,563,399	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)					4,319,772	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,564,289	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,884,061	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					106,679,338	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,904	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					995.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,890,671	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

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

Worksheet D-1

Date/Time Prepared:
2/28/2022 9:50 am

		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	9,468,047	96,454,348	0.098161	2,890,671	283,751	90.00
91.00 Nursing Program cost	0	96,454,348	0.000000	2,890,671	0	91.00
92.00 Allied health cost	0	96,454,348	0.000000	2,890,671	0	92.00
93.00 All other Medical Education	0	96,454,348	0.000000	2,890,671	0	93.00

Health Financial Systems		MEMORIAL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2020	Worksheet D-1	
		Component CCN: 14-S148	To 09/30/2021	Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,734	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,734	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.			9,297	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			437	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,718	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)			10,244,281	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)			10,244,281	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			17,411,775	28.00
29.00	Private room charges (excluding swing-bed charges)			16,666,320	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			745,455	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.588354	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,792.66	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,705.85	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			86.81	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			51.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			474,891	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,769,390	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)			1,052.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,860,478	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,860,478	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1	
				Component CCN: 14-S148		Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					300,550	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,161,028	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)					255,927	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,669	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					272,596	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,888,432	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	916,573	10,244,281	0.089472	0	0	90.00
91.00 Nursing Program cost	0	10,244,281	0.000000	0	0	91.00
92.00 Allied health cost	0	10,244,281	0.000000	0	0	92.00
93.00 All other Medical Education	0	10,244,281	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1
		Component CCN: 14-T148		Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,145	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.		4,655	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,490	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,739	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)		4,676,876	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)		4,676,876	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		10,158,475	28.00
29.00	Private room charges (excluding swing-bed charges)		7,787,420	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,371,055	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.460392	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,672.92	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,591.31	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		81.61	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		37.57	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		174,888	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,501,988	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)		761.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,084,626	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,084,626	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/28/2022 9:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)			
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)					
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0				42.00
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0			43.00
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0			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)						1,536,157		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,620,783		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)						145,496		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						81,901		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						227,397		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,393,386		53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges						0		54.00
55.00	Target amount per discharge						0.00		55.00
56.00	Target amount (line 54 x line 55)						0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00	Bonus payment (see instructions)						0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00	Relief payment (see instructions)						0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)						0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	326,411	4,676,876	0.069793	0	0	90.00
91.00	Nursing Program cost	0	4,676,876	0.000000	0	0	91.00
92.00	Allied health cost	0	4,676,876	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,676,876	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/28/2022 9:50 am	
			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		70,145,153		30.00
31.00	03100	INTENSIVE CARE UNIT		17,997,190		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		5,357,265		33.00
40.00	04000	SUBPROVIDER - IPF		20,874		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.140123	55,944,495	7,839,110	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400035	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.142766	7,453,625	1,064,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178796	20,855,619	3,728,901	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132227	1,153,346	152,503	55.00
57.00	05700	CT SCAN	0.021095	34,421,556	726,123	57.00
58.00	05800	MRI	0.045969	5,792,141	266,259	58.00
60.00	06000	LABORATORY	0.149793	41,619,758	6,234,348	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324	4,202,348	1,207,435	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.110509	28,451,587	3,144,156	65.00
66.00	06600	PHYSICAL THERAPY	0.300898	5,407,275	1,627,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229023	4,287,644	981,969	67.00
68.00	06800	SPEECH PATHOLOGY	0.258587	1,568,258	405,531	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097496	44,945,530	4,382,009	69.00
69.01	03340	GI UNIT	0.188203	1,657,239	311,897	69.01
69.02	03650	VASCULAR LAB	0.139575	3,797,790	530,077	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.252081	1,524,341	384,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346	3,751,261	897,849	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809	61,396,100	17,117,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271373	42,805,316	11,616,207	73.00
73.01	03640	RENAL TXPLANT LAB	1.227546	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.148869	7,108,946	1,058,302	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.166268	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.345873	713,957	246,938	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.182891	19,030,881	3,480,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.456725	709,638	324,109	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		398,598,651	67,727,504	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)		398,598,651		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF		5,121,197		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.140123	18,285	2,562	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400035	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.142766	130,899	18,688	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178796	69,542	12,434	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132227	0	0	55.00
57.00	05700 CT SCAN	0.021095	180,406	3,806	57.00
58.00	05800 MRI	0.045969	39,566	1,819	58.00
60.00	06000 LABORATORY	0.149793	468,359	70,157	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324	3,192	917	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.110509	23,725	2,622	65.00
66.00	06600 PHYSICAL THERAPY	0.300898	37,016	11,138	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229023	18,247	4,179	67.00
68.00	06800 SPEECH PATHOLOGY	0.258587	2,941	761	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097496	91,128	8,885	69.00
69.01	03340 GI UNIT	0.188203	0	0	69.01
69.02	03650 VASCULAR LAB	0.139575	35,118	4,902	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.252081	13,596	3,427	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346	10,561	2,528	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271373	298,494	81,003	73.00
73.01	03640 RENAL TXPLANT LAB	1.227546	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.148869	12,390	1,844	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.166268	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.345873	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.182891	376,608	68,878	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.456725	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,830,073	300,550	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,830,073		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		4,529,208		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.140123	38,961	5,459	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400035	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.142766	5,388	769	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178796	123,422	22,067	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132227	10,415	1,377	55.00
57.00	05700 CT SCAN	0.021095	121,297	2,559	57.00
58.00	05800 MRI	0.045969	54,950	2,526	58.00
60.00	06000 LABORATORY	0.149793	441,527	66,138	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287324	12,457	3,579	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.110509	487,885	53,916	65.00
66.00	06600 PHYSICAL THERAPY	0.300898	2,076,925	624,943	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229023	1,831,702	419,502	67.00
68.00	06800 SPEECH PATHOLOGY	0.258587	651,555	168,484	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097496	173,960	16,960	69.00
69.01	03340 GI UNIT	0.188203	4,297	809	69.01
69.02	03650 VASCULAR LAB	0.139575	34,614	4,831	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.252081	22,688	5,719	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.239346	98,649	23,611	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.278809	17,718	4,940	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271373	255,185	69,250	73.00
73.01	03640 RENAL TXPLANT LAB	1.227546	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.148869	258,545	38,489	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.166268	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.345873	663	229	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.182891	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.456725	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,722,803	1,536,157	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		6,722,803		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN: 14-0148 Period: From 10/01/2020 To 09/30/2021 Worksheet D-4
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Date/Time Prepared: 2/28/2022 9:50 am

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	7,150	995.41	12	11,945	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,915.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,770.43	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		7,150		12	11,945	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.139813	115,611	16,164	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.400035	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.141482	30,836	4,363	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.178296	72,125	12,860	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.132211	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.021095	97,748	2,062	15.00	
16.00	MRI	58.00	0.045969	4,003	184	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.149743	509,151	76,242	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.287324	17,895	5,142	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.110019	12,370	1,361	23.00	
24.00	PHYSICAL THERAPY	66.00	0.298840	3,039	908	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.229023	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.258587	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.097111	110,815	10,761	27.00	
27.01	GI UNIT	69.01	0.187707	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.139082	0	0	27.02	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.237833	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.239346	124,422	29,780	29.00	
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0.278809	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.271373	9,509	2,580	31.00	
31.01	RENAL TXPLANT LAB	73.01	1.227546	444,559	545,717	31.01	
32.00	RENAL DIALYSIS	74.00	0.147899	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.166268	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.332493	1,592	529	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
38.00	EMERGENCY	91.00	0.180980	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.456725	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,553,675	708,653	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 2/28/2022 9:50 am
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00 3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	12			42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0			43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0			44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0			45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0			46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0			47.00
48.00	TOTAL (sum of lines 42 through 47)			12			48.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00 3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000			49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000			50.00
51.00	CLINIC	23.00	0	0.000000			51.00
52.00	EMERGENCY	24.00	0	0.000000			52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000			53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000			54.00
55.00	TOTAL (sum of lines 49 through 52)		0				55.00
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00 4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	720,598		1,560,825			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,765,243		1,625,483			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,485,841		3,186,308			61.00
62.00	Total Usable Organs (see instructions)		33				62.00
63.00	Medicare Usable Organs (see instructions)		28				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.848485				64.00
65.00	Medicare Cost/Charges (see instructions)	2,109,199		2,703,535			65.00
66.00	Revenue for Organs Sold	51,024		0			66.00
67.00	Subtotal (line 65 minus line 66)	2,058,175		2,703,535			67.00
68.00	Organs Furnished Part B	0	0	0			68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,058,175	0	2,703,535			69.00
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		2	18			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	19			73.00
74.00	Total (sum of lines 70 through 73)		2	37			74.00
75.00	Organs Transplanted		2	19			75.00
76.00	Organs Sold to Other Hospitals		0	0			76.00
77.00	Organs Sold to OPOs		0	12			77.00
78.00	Organs Sold to Transplant Hospitals		0	0			78.00
79.00	Organs Sold to Military or VA Hospitals		0	0			79.00
80.00	Organs Sold Outside the U.S.		0	0			80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	6			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		2	37			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/28/2022 9:50 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			75,729,210	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			5,249,347	2.04
3.00	Managed Care Simulated Payments			42,523,099	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			384.60	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)			87.55	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)			87.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			213.81	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)			87.55	12.00
13.00	Total allowable FTE count for the prior year.			87.55	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			87.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.			87.55	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			87.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.227639	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.227675	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.227639	21.00
22.00	IME payment adjustment (see instructions)			8,854,562	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			4,971,971	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) .			14.30	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			126.26	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)			14.30	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.037181	26.00
27.00	IME payments adjustment factor. (see instructions)			0.009831	27.00
28.00	IME add-on adjustment amount (see instructions)			744,494	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			418,045	28.01
29.00	Total IME payment (sum of lines 22 and 28)			9,599,056	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			5,390,016	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.95	31.00
32.00	Sum of lines 30 and 31			22.14	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.48	33.00
34.00	Disproportionate share adjustment (see instructions)			1,416,136	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,381,524	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,381,524	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,381,524		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)		94,375,273		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)			99,765,289	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			7,383,504	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			3,910,346	52.00
53.00	Nursing and Allied Health Managed Care payment			41,236	53.00
54.00	Special add-on payments for new technologies			951,481	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)			2,058,175	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)			95,627	58.00
59.00	Total (sum of amounts on lines 49 through 58)			114,205,658	59.00
60.00	Primary payer payments			71,197	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			114,134,461	61.00
62.00	Deductibles billed to program beneficiaries			6,897,482	62.00
63.00	Coinsurance billed to program beneficiaries			504,522	63.00
64.00	Allowable bad debts (see instructions)			2,478,552	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,611,059	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,044,024	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			108,343,516	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-562,039	70.93
70.94	HRR adjustment amount (see instructions)			-621,114	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,069,171	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		106,091,192	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		105,557,737	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)		533,455	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		676,313	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2022 9:50 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	75,729,210		75,729,210	75,729,210	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	5,249,347		5,249,347	5,249,347	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	42,523,099	0	42,523,099	42,523,099	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.227639	0.227639	0.227639		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,854,562	0	8,854,562	8,854,562	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,971,971	0	4,971,971	4,971,971	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	0.009831	0.009831	0.009831		7.00
8.00	IME adjustment (see instructions)	28.00	744,494	0	744,494	744,494	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	418,045	0	418,045	418,045	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,599,056	0	9,599,056	9,599,056	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,390,016	0	5,390,016	5,390,016	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0748	0.0748	0.0748		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,416,136	0	1,416,136	1,416,136	11.00
11.01	Uncompensated care payments	36.00	2,381,524	0	2,381,524	2,381,524	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	94,375,273	0	94,375,273	94,375,273	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	99,765,289	0	99,765,289	99,765,289	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,383,504	0	7,383,504	7,383,504	16.00
17.00	Special add-on payments for new technologies	54.00	951,481	0	951,481	951,481	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	108,100,274	108,100,274	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2022 9:50 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,760,476	0	5,760,476	5,760,476	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	782,574	0	782,574	782,574	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	0.1001	0.1001	0.1001		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	576,624	0	576,624	576,624	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0458	0.0458	0.0458		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	263,830	0	263,830	263,830	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,383,504	0	7,383,504	7,383,504	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	-562,039	0	-562,039	-562,039	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	-621,114	0	-621,114	-621,114	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	1,069,171	1,069,171	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,506	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		46,888,314	2.00
3.00	OPPS payments		44,417,468	3.00
4.00	Outlier payment (see instructions)		173,045	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		60,667	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,506	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		27,185	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)		27,185	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)		27,185	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,679	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		5,506	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)		44,651,180	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		40	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,720,752	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)		36,935,894	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,488,910	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)		38,424,804	30.00
31.00	Primary payer payments		3,919	31.00
32.00	Subtotal (line 30 minus line 31)		38,420,885	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)		1,766,780	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,148,407	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,374,757	36.00
37.00	Subtotal (see instructions)		39,569,292	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-276	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)		39,569,568	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		39,277,524	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)		292,044	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

Health Financial Systems		MEMORIAL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2020	Worksheet E	
		Component CCN: 14-S148	To 09/30/2021	Part B	
		Title XVIII	Subprovider - IPF	Date/Time Prepared: 2/28/2022 9:50 am	
				PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			91	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			3,425	2.00
3.00	OPPS payments			2,181	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			91	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			335	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)			335	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)			335	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			244	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)			91	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)			2,181	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)			339	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)			1,933	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			1,933	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			1,933	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			1,933	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			1,933	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				40.03
41.00	Interim payments			1,877	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			56	43.00
43.01	Balance due provider/program-PARHM (see instructions)				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

Health Financial Systems		MEMORIAL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/28/2022 9:50 am	
		Component CCN: 14-T148			
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,025	2.00
3.00	OPPS payments			720	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	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)			0	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)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	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)			0	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)			720	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)			144	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)			576	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			576	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			576	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			576	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			576	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			576	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)			0	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: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/28/2022 9:50 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		97,798,573		36,866,597	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		7,521,606		2,400,722	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	05/26/2021	237,558	05/26/2021	10,205	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)		237,558		10,205	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)		105,557,737		39,277,524	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		533,455		292,044	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		106,091,192		39,569,568	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:

Worksheet E-1

Component CCN: 14-S148

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 9:50 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,331,917		1,877	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,331,917		1,877	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		152,447		56	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,484,364		1,933	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:

Worksheet E-1

Component CCN: 14-T148

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/28/2022 9:50 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		5,278,041		576	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,278,041		576	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		58,086		0	6.02
7.00	Total Medicare program liability (see instructions)		5,219,955		576	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: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet E-1 Part II Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8 through 12, and 32.			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part II Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,317,256	1.00
2.00	Net IPF PPS Outlier Payments		31,223	2.00
3.00	Net IPF PPS ECT Payments		87,659	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)		4.19	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 instuctions)		8.29	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 instuctions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		4.19	8.00
9.00	Average Daily Census (see instructions)		26.668493	9.00
10.00	Teaching Adjustment Factor {{{1 + (line 8/line 9)) raised to the power of .5150 -1}}.		0.078050	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		180,862	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,617,000	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)		2,617,000	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,617,000	18.00
19.00	Deductibles		220,968	19.00
20.00	Subtotal (line 18 minus line 19)		2,396,032	20.00
21.00	Coinsurance		38,300	21.00
22.00	Subtotal (line 20 minus line 21)		2,357,732	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		193,792	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		125,965	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		164,900	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,483,697	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		667	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)		2,484,364	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		2,331,917	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)		152,447	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		31,223	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part III Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,833,739 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0381 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			322,410 3.00
4.00	Outlier Payments			97,452 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.83 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.15 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.15 9.00
10.00	Average Daily Census (see instructions)			16.835616 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.009056 11.00
12.00	Teaching Adjustment (see instructions)			43,774 12.00
13.00	Total PPS Payment (see instructions)			5,297,375 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,297,375 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,297,375 19.00
20.00	Deductibles			57,496 20.00
21.00	Subtotal (line 19 minus line 20)			5,239,879 21.00
22.00	Coinsurance			37,282 22.00
23.00	Subtotal (line 21 minus line 22)			5,202,597 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			25,828 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			16,788 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			21,880 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,219,385 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			570 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,219,955 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,278,041 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-58,086 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			97,452 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: 14-0148		Period: From 10/01/2020 To 09/30/2021		Worksheet E-4 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					112.84	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					9.26	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)					103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					219.05	6.00
7.00	Enter the lesser of line 5 or line 6					103.58	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.	93.20	118.49	211.69		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.	44.07	56.03	100.10		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	44.07	56.03	111.10		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	45.12	52.52	97.64		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	47.50	51.66	99.16		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	45.56	53.40	98.96		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	45.56	53.40	98.96		17.00	
18.00	Per resident amount	90,958.02	90,958.02	181,916.04		18.00	
19.00	Approved amount for resident costs	4,144,047	4,857,158	8,991,205		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			115.47		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			9,001,205		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)	47,703	6,609	21,608		26.00	
27.00	Total Inpatient Days (see instructions)	124,653	124,653	124,653		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.382686	0.053019	0.173345		28.00	
29.00	Program direct GME amount	3,444,635	477,235	1,560,314	5,482,184	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		19,423	63,505	82,928	30.00	
31.00	Net Program direct GME amount				5,399,256	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/28/2022 9:50 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		15,791,558		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)		121,345,210		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,058,175		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		71,197		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		123,332,188		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		46,964,028		42.00
43.00	Primary payer payments (see instructions)		3,919		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		46,960,109		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		170,292,297		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.724238		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.275762		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		5,399,256		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,910,346		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,488,910		50.00

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

Provider CCN: 14-0148

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

Worksheet G

Date/Time Prepared:
2/28/2022 9:50 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	34,030,204	0	0	0	1.00
2.00 Temporary investments	113,811,766	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	115,354,975	0	0	0	4.00
5.00 Other receivable	19,996,264	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-17,037,000	0	0	0	6.00
7.00 Inventory	12,383,690	0	0	0	7.00
8.00 Prepaid expenses	9,319,974	0	0	0	8.00
9.00 Other current assets	3,125,254	0	0	0	9.00
10.00 Due from other funds	15,772,598	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	306,757,725	0	0	0	11.00
FIXED ASSETS					
12.00 Land	5,734,698	0	0	0	12.00
13.00 Land improvements	43,491,133	0	0	0	13.00
14.00 Accumulated depreciation	-26,267,974	0	0	0	14.00
15.00 Buildings	426,353,550	0	0	0	15.00
16.00 Accumulated depreciation	-242,641,434	0	0	0	16.00
17.00 Leasehold improvements	1,767,838	0	0	0	17.00
18.00 Accumulated depreciation	-1,405,576	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	203,820,537	0	0	0	23.00
24.00 Accumulated depreciation	-166,395,210	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)	244,457,562	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	35,674,192	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	423,164,461	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	458,838,653	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,010,053,940	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	49,555,073	0	0	0	37.00
38.00 Salaries, wages, and fees payable	27,374,189	0	0	0	38.00
39.00 Payroll taxes payable	52,801	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	42,773,538	0	0	0	43.00
44.00 Other current liabilities	67,277,392	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	187,032,993	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	213,103,361	0	0	0	46.00
47.00 Notes payable	3,522,274	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	0	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	216,625,635	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	403,658,628	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	606,395,312	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	606,395,312	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,010,053,940	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0148

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

Worksheet G-1

Date/Time Prepared:
2/28/2022 9:50 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		533,586,417		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		135,009,118				2.00
3.00	Total (sum of line 1 and line 2)		668,595,535		0		3.00
4.00	CHANGE IN VALUE / INTEREST RATE SWAP	55,450		0		0	4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS	1,694,302		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,749,752		0		10.00
11.00	Subtotal (line 3 plus line 10)		670,345,287		0		11.00
12.00	TRANSFERS TO RELATED ORGANIZATIONS	77,146,191		0		0	12.00
13.00	OTHER DEDUCTIONS	-13,196,216		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		63,949,975		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		606,395,312		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN VALUE / INTEREST RATE SWAP		0				4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS TO RELATED ORGANIZATIONS		0				12.00
13.00	OTHER DEDUCTIONS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2022 9:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	192,209,055		192,209,055	1.00
2.00	SUBPROVIDER - IPF	18,994,746		18,994,746	2.00
3.00	SUBPROVIDER - IRF	10,171,318		10,171,318	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)	221,375,119		221,375,119	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	45,682,888		45,682,888	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	16,154,634		16,154,634	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)	61,837,522		61,837,522	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	283,212,641		283,212,641	17.00
18.00	Ancillary services	1,114,589,128	1,372,259,319	2,486,848,447	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,397,801,769	1,372,259,319	2,770,061,088	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		694,164,193		29.00
30.00	GRANT EXPENSE	857			30.00
31.00	PURCHASED SERVICES HAMP	32,929,141			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)		32,929,998		36.00
37.00	OTHER	7			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		7		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		727,094,184		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0148

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

Worksheet G-3

Date/Time Prepared:
2/28/2022 9:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,770,061,088	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,059,418,221	2.00
3.00	Net patient revenues (line 1 minus line 2)	710,642,867	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	727,094,184	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,451,317	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,132,495	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	28,794	21.00
22.00	Rental of hospital space	1,400,785	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	CAPITATION	58,787,749	24.01
24.02	AUTOPSY REVENUE	-2,843	24.02
24.03	MISCELLANEOUS INCOME	3,756,487	24.03
24.04	OTHER	-4,983,522	24.04
24.05	CHILD CARE	918,966	24.05
24.08	OTHER OPERATING REVENUES	1,206,132	24.08
24.10	GAIN / LOSS ON FAIR VALUE	2,914	24.10
24.12	REALIZED GAIN / LOSS	20,951,708	24.12
24.13	UNREALIZED GAIN / LOSS	44,904,491	24.13
24.18	OPERATIONS INVESTMENT INTEREST	151,584	24.18
24.21	INVESTMENT INCOME EXPENSE	-990,882	24.21
24.23	BOND FUND INTEREST INCOME	3,674,632	24.23
24.27	FARMLAND INCOME	327,382	24.27
24.29	DEFERRED TAX BENEFIT	665,678	24.29
24.31	CHANGE IN INTEREST IN NET ASSETS	1,643,341	24.31
24.32	NONOPER NET PERIODIC BENEFIT COST	1,647,151	24.32
24.50	COVID-19 PHE Funding	8,237,393	24.50
24.51	BCBS HEALTH EQUITY BONUS	6,000,000	24.51
25.00	Total other income (sum of lines 6-24)	151,460,435	25.00
26.00	Total (line 5 plus line 25)	135,009,118	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)	135,009,118	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0148	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/28/2022 9:50 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,760,476	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		782,574	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)		301.24	3.00
4.00	Number of interns & residents (see instructions)		101.85	4.00
5.00	Indirect medical education percentage (see instructions)		10.01	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)		576,624	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.95	8.00
9.00	Sum of lines 7 and 8		22.14	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.58	10.00
11.00	Disproportionate share adjustment (see instructions)		263,830	11.00
12.00	Total prospective capital payments (see instructions)		7,383,504	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