

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: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 5:54 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL (14-0155) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) YUESHA CHEN
 Officer or Administrator of Provider(s)

REGIONAL CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	244,272	-21,931	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	244,272	-21,931	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: 14-0155		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 5:54 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 500 WEST COURT STREET			PO Box:				1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE 2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	V XVIII XIX	7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		PRESENCE ST. MARY'S HOSPITAL	140155	28100	1	07/01/1969	N	P O 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2020	06/30/2021		20.00
21.00	Type of Control (see instructions)					1			21.00
						1.00	2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

MCRIF32 - 16.12.172.7

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 5:54 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 5:54 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	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.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			2,280,816	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.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

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		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		149013		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: ALEXIAN BROTHERS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05901		141.00	
142.00	Street: 200 S. WACKER DR 12 FLOOR	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606		143.00	
		1.00		2.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
		1.00		2.00			
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	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
		1.00		2.00			
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	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
		1.00		2.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 5:54 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 5:54 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-451-8283	PATRICK.GILLILAND@AMITAHEALT H.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 5:54 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, 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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	144	52,560	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)		144	52,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	9	3,285	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		169			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)		4	1,460			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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,017	775	14,444			1.00
2.00	HMO and other (see instructions)	2,730	4,302				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,017	775	14,444			7.00
8.00	INTENSIVE CARE UNIT	1,238	78	3,442			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	726	71	1,908			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		109	663			13.00
14.00	Total (see instructions)	6,981	1,033	20,457	0.00	390.01	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			130			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)				0.00	390.01	27.00
28.00	Observation Bed Days		498	1,566			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	3	38	160			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			91			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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,549	267	4,959	1.00
2.00 HMO and other (see instructions)			588	1,301		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,549	267	4,959	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	31,915,028	-621,111	31,293,917	811,228.00	38.58
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		153,376	0	153,376	907.00	169.10
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		146,407	0	146,407	70.00	2,091.53
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		497,462	0	497,462	16,226.00	30.66
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,500,271	0	2,500,271	58,723.25	42.58
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		224,245	0	224,245	1,249.00	179.54
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		46,818,960	0	46,818,960	688,192.00	68.03
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,541,603	0	7,541,603		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		145,130	0	145,130		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		23,348	0	23,348		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		11,561	0	11,561		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	350,847	0	350,847	5,842.00	60.06	26.00
27.00	Administrative & General	5.00	2,305,028	0	2,305,028	54,280.00	42.47	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	390,304	0	390,304	18,353.00	21.27	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,123,207	0	1,123,207	46,867.00	23.97	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,566,112	-931,646	634,466	23,880.29	26.57	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,227,448	0	1,227,448	23,374.00	52.51	38.00
39.00	Central Services and Supply	14.00	364,090	-2,058	362,032	18,263.00	19.82	39.00
40.00	Pharmacy	15.00	1,032,809	0	1,032,809	24,353.00	42.41	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 5:54 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	34,457,940	-1,552,757	32,905,183	881,905.29	37.31	1.00
2.00	Excluded area salaries (see instructions)	497,462	0	497,462	16,226.00	30.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,960,478	-1,552,757	32,407,721	865,679.29	37.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	49,543,476	0	49,543,476	748,164.25	66.22	4.00
5.00	Subtotal wage-related costs (see inst.)	7,564,951	0	7,564,951	0.00	23.34	5.00
6.00	Total (sum of lines 3 thru 5)	91,068,905	-1,552,757	89,516,148	1,613,843.54	55.47	6.00
7.00	Total overhead cost (see instructions)	8,359,845	-933,704	7,426,141	215,212.29	34.51	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2021 5:54 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	676,941	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)	890,795	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	3,212,383	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	62,628	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	20,863	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)	143,908	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	364,000	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,269,411	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	25,445	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	55,269	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,721,643	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0155

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2021 5:54 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,500,271	7,721,642	1.00
2.00	Hospital	2,500,271	7,721,642	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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: 14-0155

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

Worksheet S-10

Date/Time Prepared:
11/29/2021 5:54 pm

				11/29/2021 3:34 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.140726	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			13,686,637	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			142,302,641	6.00
7.00	Medicaid cost (line 1 times line 6)			20,025,681	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)			6,339,044	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)			6,339,044	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			19,263,231	2,553,946
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			2,710,837	2,553,946
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			2,710,837	2,553,946
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,315,233	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			596,911	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			918,326	
28.00	Non-Medicare bad debt expense (see instructions)			1,396,907	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			517,996	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,782,779	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,121,823	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,474,982	3,474,982	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,198,027	3,198,027	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	350,847	5,435,182	5,786,029	-6,377	5,779,652	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,305,028	35,768,400	38,073,428	-868,834	37,204,594	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	390,304	4,401,728	4,792,032	-933,599	3,858,433	7.00
7.01	00701	BIO MED	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	343,638	343,638	-38	343,600	8.00
9.00	00900	HOUSEKEEPING	0	1,580,679	1,580,679	-4,885	1,575,794	9.00
10.00	01000	DIETARY	0	2,384,251	2,384,251	-1,413,210	971,041	10.00
11.00	01100	CAFETERIA	0	0	0	1,425,872	1,425,872	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,227,448	551,105	1,778,553	-312,102	1,466,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	364,090	214,356	578,446	-237,766	340,680	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,032,809	8,717,643	9,750,452	-3,844,850	5,905,602	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,279	4,279	-4,300	-21	16.00
17.00	01700	SOCIAL SERVICE	0	9,537	9,537	-9,537	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	228,960	107,518	336,478	-18,050	318,428	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,170,430	3,390,002	11,560,432	-2,882,863	8,677,569	30.00
31.00	03100	INTENSIVE CARE UNIT	2,427,713	550,230	2,977,943	-323,633	2,654,310	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,582,598	274,088	1,856,686	-128,345	1,728,341	34.00
43.00	04300	NURSERY	0	0	0	1,130,989	1,130,989	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,384,969	8,337,775	10,722,744	-6,000,454	4,722,290	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,311,449	198,277	1,509,726	-89,436	1,420,290	51.00
51.01	05101	OP ONCOLOGY	348,016	207,553	555,569	-31,143	524,426	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,029,052	1,029,052	52.00
52.02	05201	SUBSTANCE ABUSE	444,338	116,817	561,155	4,686	565,841	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	280,745	121,476	402,221	-58,820	343,401	52.06
53.00	05300	ANESTHESIOLOGY	46,937	2,291,564	2,338,501	-38,715	2,299,786	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,338,212	1,406,563	3,744,775	-859,265	2,885,510	54.00
56.00	05600	RADIOISOTOPE	302,568	770,345	1,072,913	-118,157	954,756	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,118,936	4,797,319	5,916,255	-2,460,130	3,456,125	59.00
60.00	06000	LABORATORY	247	6,927,949	6,928,196	-82,473	6,845,723	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,289,829	615,787	1,905,616	-202,047	1,703,569	65.00
66.00	06600	PHYSICAL THERAPY	0	1,789,678	1,789,678	-450,900	1,338,778	66.00
66.01	06601	WOUND CARE	0	1,010,163	1,010,163	-129,402	880,761	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	54,675	54,675	262,841	317,516	67.00
68.00	06800	SPEECH PATHOLOGY	0	220	220	174,446	174,666	68.00
69.00	06900	ELECTROCARDIOLOGY	494,711	657,696	1,152,407	-151,285	1,001,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,564	22,338	64,902	-13,078	51,824	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,630,701	3,630,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,949,382	5,949,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,031,900	4,031,900	73.00
74.00	07400	RENAL DIALYSIS	0	282,572	282,572	-5,439	277,133	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	225,378	40,181	265,559	-19,802	245,757	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,937,400	1,655,408	4,592,808	-362,598	4,230,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,864,834	1,864,834	-1,864,834	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,646,526	96,901,826	128,548,352	386,511	128,934,863	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	190000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,868	134,589	228,457	-7,162	221,295	190.00
194.00	07950	OTHER NRCC	157,387	4,357,243	4,514,630	-379,349	4,135,281	194.00
194.01	07951	SISTERS RESIDENCE	17,247	1,318	18,565	0	18,565	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	31,915,028	101,394,976	133,310,004	0	133,310,004	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,272,122	2,202,860	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,921,677	6,119,704	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	194,394	5,974,046	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,183,430	27,021,164	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,094,767	6,953,200	7.00
7.01	00701	BIO MED	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,670	355,270	8.00
9.00	00900	HOUSEKEEPING	0	1,575,794	9.00
10.00	01000	DIETARY	0	971,041	10.00
11.00	01100	CAFETERIA	-174,102	1,251,770	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	104,925	1,571,376	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	340,680	14.00
14.01	01401	STERILE PROCESSING	0	0	14.01
15.00	01500	PHARMACY	40,844	5,946,446	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,179	49,158	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-9,548	308,880	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,369,868	7,307,701	30.00
31.00	03100	INTENSIVE CARE UNIT	489,781	3,144,091	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,728,341	34.00
43.00	04300	NURSERY	0	1,130,989	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,722,290	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,420,290	51.00
51.01	05101	OP ONCOLOGY	-147,402	377,024	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,029,052	52.00
52.02	05201	SUBSTANCE ABUSE	-7,559	558,282	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	343,401	52.06
53.00	05300	ANESTHESIOLOGY	0	2,299,786	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-22,154	2,863,356	54.00
56.00	05600	RADIOISOTOPE	16,294	971,050	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,456,125	59.00
60.00	06000	LABORATORY	-136,006	6,709,717	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-38,256	1,665,313	65.00
66.00	06600	PHYSICAL THERAPY	-1,486	1,337,292	66.00
66.01	06601	WOUND CARE	0	880,761	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	317,516	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,666	68.00
69.00	06900	ELECTROCARDIOLOGY	-11,089	990,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,824	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,630,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,949,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,031,900	73.00
74.00	07400	RENAL DIALYSIS	0	277,133	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,471	244,286	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	90.01
91.00	09100	EMERGENCY	-1,074,833	3,155,377	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,525,795	121,409,068	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	221,295	190.00
194.00	07950	OTHER NRCC	-1,509,764	2,625,517	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	SISTERS RESIDENCE	0	18,565	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,035,559	124,274,445	200.00

RECLASSIFICATIONS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/29/2021 5:54 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES& IMPLANTS RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,630,701		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,949,382		2.00
3.00	DIETARY	10.00	0	27,425		3.00
4.00	PHARMACY	15.00	0	54,234		4.00
5.00	OTHER NRCC	194.00	0	300		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
TOTALS			0	9,662,042		
B - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,031,900		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	455		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
TOTALS			0	4,032,355		
C - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,503,866		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,304,309		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 5:54 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
TOTALS			0	4,808,175		
D - REHAB RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	0	263,588		1.00
2.00	SPEECH PATHOLOGY	68.00	0	174,446		2.00
TOTALS			0	438,034		
E - LABOR AND DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	460,166	568,886		1.00
2.00	NURSERY	43.00	505,750	625,239		2.00
TOTALS			965,916	1,194,125		
F - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	971,116		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	893,718		2.00
TOTALS			0	1,864,834		
G - CAFETERIA						
1.00	CAFETERIA	11.00	0	1,425,872		1.00
TOTALS			0	1,425,872		
I - SOCIAL SERVICES						
1.00	SUBSTANCE ABUSE	52.02	0	9,519		1.00
TOTALS			0	9,519		
J - OTHER						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,058		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	310,687		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	66,709		3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	115,152		4.00
5.00	OPERATING ROOM	50.00	14,930	0		5.00
6.00	INFUSION CLINIC	52.06	0	132,479		6.00
7.00	RADIOISOTOPE	56.00	0	8,956		7.00
TOTALS			14,930	636,041		
500.00	Grand Total: Increases		980,846	24,070,997		500.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 5:54 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - SUPPLIES& IMPLANTS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,013	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	25,699	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	3,070	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	38	0		4.00	
5.00	HOUSEKEEPING	9.00	0	1,422	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	14,516	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	169,503	0		7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	14	0		8.00	
9.00	SOCIAL SERVICE	17.00	0	18	0		9.00	
10.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	18,018	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	546,829	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	293,976	0		12.00	
13.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	109,000	0		13.00	
14.00	OPERATING ROOM	50.00	0	5,426,897	0		14.00	
15.00	RECOVERY ROOM	51.00	0	81,422	0		15.00	
16.00	OP ONCOLOGY	51.01	0	29,928	0		16.00	
17.00	SUBSTANCE ABUSE	52.02	0	1,962	0		17.00	
18.00	INFUSION CLINIC	52.06	0	54,212	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	16,351	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	93,693	0		20.00	
21.00	RADIOISOTOPE	56.00	0	1,446	0		21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	2,096,308	0		22.00	
23.00	LABORATORY	60.00	0	2,636	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	184,112	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	12,866	0		25.00	
26.00	WOUND CARE	66.01	0	128,925	0		26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	747	0		27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	18,250	0		28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,864	0		29.00	
30.00	RENAL DIALYSIS	74.00	0	3,784	0		30.00	
31.00	CARDIAC REHABILITATION	76.97	0	14,206	0		31.00	
32.00	EMERGENCY	91.00	0	307,317	0		32.00	
	TOTALS		0	9,662,042				
	B - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,364	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14	0		2.00	
3.00	DIETARY	10.00	0	5,287	0		3.00	
4.00	PHARMACY	15.00	0	3,825,177	0		4.00	
5.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	32	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	13,453	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	8,477	0		7.00	
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,327	0		8.00	
9.00	OPERATING ROOM	50.00	0	41,651	0		9.00	
10.00	RECOVERY ROOM	51.00	0	1,046	0		10.00	
11.00	OP ONCOLOGY	51.01	0	1,215	0		11.00	
12.00	INFUSION CLINIC	52.06	0	1,188	0		12.00	
13.00	ANESTHESIOLOGY	53.00	0	1,703	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	76,895	0		14.00	
15.00	RADIOISOTOPE	56.00	0	1,758	0		15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	22,310	0		16.00	
17.00	LABORATORY	60.00	0	27	0		17.00	
18.00	RESPIRATORY THERAPY	65.00	0	5,857	0		18.00	
19.00	WOUND CARE	66.01	0	477	0		19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	1,013	0		20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	141	0		21.00	
22.00	RENAL DIALYSIS	74.00	0	1,655	0		22.00	
23.00	CARDIAC REHABILITATION	76.97	0	167	0		23.00	
24.00	EMERGENCY	91.00	0	6,961	0		24.00	
25.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,662	0		25.00	
26.00	OTHER NRCC	194.00	0	1,498	0		26.00	
	TOTALS		0	4,032,355				
	C - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	843,121	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	930,529	9		2.00	
3.00	HOUSEKEEPING	9.00	0	3,463	0		3.00	
4.00	DIETARY	10.00	0	9,476	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	297,586	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,718	0		6.00	
7.00	PHARMACY	15.00	0	73,907	0		7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,286	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	162,540	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	21,180	0		10.00	

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 5:54 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	16,018	0	11.00
12.00	OPERATING ROOM	50.00	0	531,906	0	12.00
13.00	RECOVERY ROOM	51.00	0	6,968	0	13.00
14.00	SUBSTANCE ABUSE	52.02	0	2,871	0	14.00
15.00	INFUSION CLINIC	52.06	0	3,420	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	20,661	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	688,677	0	17.00
18.00	RADIOISOTOPE	56.00	0	114,953	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	341,512	0	19.00
20.00	LABORATORY	60.00	0	79,810	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	12,078	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	132,022	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,073	0	23.00
24.00	CARDIAC REHABILITATION	76.97	0	5,429	0	24.00
25.00	EMERGENCY	91.00	0	48,320	0	25.00
26.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	500	0	26.00
27.00	OTHER NRCC	194.00	0	378,151	0	27.00
	TOTALS		0	4,808,175		
D - REHAB RECLASS						
1.00	PHYSICAL THERAPY	66.00	0	263,588	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	174,446	0	2.00
	TOTALS		0	438,034		
E - LABOR AND DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	460,166	568,886	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	505,750	625,239	0	2.00
	TOTALS		965,916	1,194,125		
F - CAPITAL INTEREST						
1.00	INTEREST EXPENSE	113.00	0	971,116	11	1.00
2.00	INTEREST EXPENSE	113.00	0	893,718	11	2.00
	TOTALS		0	1,864,834		
G - CAFETERIA						
1.00	DIETARY	10.00	0	1,425,872	0	1.00
	TOTALS		0	1,425,872		
I - SOCIAL SERVICES						
1.00	SOCIAL SERVICE	17.00	0	9,519	0	1.00
	TOTALS		0	9,519		
J - OTHER						
1.00	CENTRAL SERVICES & SUPPLY	14.00	2,058	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	310,687	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	66,709	0	0	3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	115,152	0	0	4.00
5.00	OPERATING ROOM	50.00	0	14,930	0	5.00
6.00	INFUSION CLINIC	52.06	132,479	0	0	6.00
7.00	RADIOISOTOPE	56.00	8,956	0	0	7.00
	TOTALS		636,041	14,930		
500.00	Grand Total: Decreases		1,601,957	23,449,886		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,930,000	0	0	0	0	1.00	
2.00	Land Improvements	1,014,000	0	0	0	0	2.00	
3.00	Buildings and Fixtures	42,179,921	0	0	0	4,725,373	3.00	
4.00	Building Improvements	39,500	14,648	0	14,648	0	4.00	
5.00	Fixed Equipment	5,192,721	429,337	0	429,337	0	5.00	
6.00	Movable Equipment	11,066,394	1,794,687	0	1,794,687	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	64,422,536	2,238,672	0	2,238,672	4,725,373	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	64,422,536	2,238,672	0	2,238,672	4,725,373	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,930,000	0				1.00	
2.00	Land Improvements	1,014,000	0				2.00	
3.00	Buildings and Fixtures	37,454,548	0				3.00	
4.00	Building Improvements	54,148	0				4.00	
5.00	Fixed Equipment	5,622,058	0				5.00	
6.00	Movable Equipment	12,861,081	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	61,935,835	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	61,935,835	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	38,522,696	0	38,522,696	0.675768	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,483,139	0	18,483,139	0.324232	0	2.00
3.00	Total (sum of lines 1-2)	57,005,835	0	57,005,835	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	2,202,860	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,119,704	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,322,564	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,202,860	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,119,704	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	8,322,564	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-971,116	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-893,718	CAP REL COSTS-MVBLE EQUIP	2.00	11	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	-2,841,489			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	-2,187,895			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-174,102	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-325,896	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
36.00	MISCELLANEOUS REVENUE	B	-99,528	ADMINISTRATIVE & GENERAL	5.00	0	36.00
38.00	MISCELLANEOUS REVENUE	B	-558	OPERATION OF PLANT	7.00	0	38.00
39.00	MISCELLANEOUS REVENUE	B	-1,486	PHYSICAL THERAPY	66.00	0	39.00
40.00	MISCELLANEOUS REVENUE		0		0.00	0	40.00
41.00	MISCELLANEOUS REVENUE		0		0.00	0	41.00
42.00	MISCELLANEOUS REVENUE		0		0.00	0	42.00
42.01	MISCELLANEOUS REVENUE		0		0.00	0	42.01
42.02	MISCELLANEOUS REVENUE		0		0.00	0	42.02
42.03	OTHER EQUIPMENT LEASE EXPENSE	A	-20,940	NURSING ADMINISTRATION	13.00	0	42.03
42.04	CHARITABLE EXPENSE OTHER	A	-5,048	SUBSTANCE ABUSE	52.02	0	42.04
42.30	MARKETING	A	-3,062	PARAMED ED PRGM-(SPECIFY)	23.00	0	42.30
43.00	MARKETING	A	-2,204	RADIOLOGY-DIAGNOSTIC	54.00	0	43.00
43.01	MARKETING	A	-645	EMERGENCY	91.00	0	43.01
43.02	MISCELLANEOUS EXPENSE	A	1,892	ADMINISTRATIVE & GENERAL	5.00	0	43.02
43.03	PHYSICIAN PART B SERVICES	A	-1,509,764	OTHER NRCC	194.00	0	43.03
43.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.04
43.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.10
43.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.20
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,035,559				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: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 5:54 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-BLDG & FIXT	24,890	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAP REL COSTS-MVBLE EQUIP	3,815,395	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT	194,394	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	8,821,244	18,850,970	3.01
3.02	7.00	OPERATION OF PLANT	OPERATION OF PLANT	3,095,325	0	3.02
3.03	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE	11,670	0	3.03
3.04	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	125,865	0	3.04
3.05	15.00	PHARMACY	PHARMACY	40,844	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	49,179	0	3.06
3.07	31.00	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	489,781	0	3.07
3.08	56.00	RADIOISOTOPE	RADIOISOTOPE	94,494	0	3.08
3.09	0.00			0	0	3.09
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
3.12	0.00			0	0	3.12
3.13	0.00			0	0	3.13
3.14	0.00			0	0	3.14
3.15	0.00			0	0	3.15
3.16	0.00			0	0	3.16
3.17	0.00			0	0	3.17
3.18	0.00			0	0	3.18
3.19	0.00			0	0	3.19
3.20	0.00			0	0	3.20
3.21	0.00			0	0	3.21
3.22	0.00			0	0	3.22
3.23	0.00			0	0	3.23
3.24	0.00			0	0	3.24
3.25	0.00			0	0	3.25
3.26	0.00			0	0	3.26
3.27	0.00			0	0	3.27
3.28	0.00			0	0	3.28
4.00	60.00	LABORATORY	ALVERNO	6,348,456	6,448,462	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			23,111,537	25,299,432	5.00

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

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

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

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

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

6.00	B	0.00	ALEXIAN BROTHER	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 5:54 pm

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

(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: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 5:54 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	24,890	9		1.00
2.00	3,815,395	9		2.00
3.00	194,394	0		3.00
3.01	-10,029,726	0		3.01
3.02	3,095,325	0		3.02
3.03	11,670	0		3.03
3.04	125,865	0		3.04
3.05	40,844	0		3.05
3.06	49,179	0		3.06
3.07	489,781	0		3.07
3.08	94,494	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
4.00	-100,006	0		4.00
5.00	-2,187,895			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			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 5:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	143,007	2,963	140,044	211,500	855	1.00
2.00	23.00	PARAMED ED PRGM-(SPECIFY)	38,719	0	38,719	211,500	317	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,373,224	1,368,561	4,663	179,000	39	3.00
4.00	51.01	OP ONCOLOGY	147,402	147,402	0	0	0	4.00
5.00	52.02	SUBSTANCE ABUSE	9,017	2,511	6,506	211,500	159	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	19,950	19,950	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	156,240	13,020	143,220	271,900	597	7.00
8.00	60.00	LABORATORY	36,000	36,000	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	46,492	30,292	16,200	211,500	81	9.00
10.00	69.00	ELECTROCARDIOLOGY	17,800	5,200	12,600	211,500	66	10.00
11.00	76.97	CARDIAC REHABILITATION	5,742	0	5,742	211,500	42	11.00
12.00	91.00	EMERGENCY	1,074,188	1,074,188	0	0	0	12.00
200.00			3,067,781	2,700,087	367,694		2,156	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	86,939	4,347	0	0	0	1.00
2.00	23.00	PARAMED ED PRGM-(SPECIFY)	32,233	1,612	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	3,356	168	0	0	0	3.00
4.00	51.01	OP ONCOLOGY	0	0	0	0	0	4.00
5.00	52.02	SUBSTANCE ABUSE	16,167	808	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	78,040	3,902	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	8,236	412	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	6,711	336	0	0	0	10.00
11.00	76.97	CARDIAC REHABILITATION	4,271	214	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			235,953	11,799	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	86,939	53,105	56,068		1.00
2.00	23.00	PARAMED ED PRGM-(SPECIFY)	0	32,233	6,486	6,486		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	3,356	1,307	1,369,868		3.00
4.00	51.01	OP ONCOLOGY	0	0	0	147,402		4.00
5.00	52.02	SUBSTANCE ABUSE	0	16,167	0	2,511		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	19,950		6.00
7.00	56.00	RADIOISOTOPE	0	78,040	65,180	78,200		7.00
8.00	60.00	LABORATORY	0	0	0	36,000		8.00
9.00	65.00	RESPIRATORY THERAPY	0	8,236	7,964	38,256		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	6,711	5,889	11,089		10.00
11.00	76.97	CARDIAC REHABILITATION	0	4,271	1,471	1,471		11.00
12.00	91.00	EMERGENCY	0	0	0	1,074,188		12.00
200.00			0	235,953	141,402	2,841,489		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,202,860	2,202,860			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,119,704	6,119,704			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,974,046	0	5,974,046		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,021,164	694,724	445,023	28,321,975	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,953,200	404,004	511,109	7,943,667	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	355,270	0	0	355,270	8.00
9.00	00900	HOUSEKEEPING	1,575,794	39,185	2,285	1,617,264	9.00
10.00	01000	DIETARY	971,041	53,887	7,342	1,032,270	10.00
11.00	01100	CAFETERIA	1,251,770	0	0	1,251,770	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,571,376	0	736,558	2,544,912	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	340,680	68,083	120,957	599,616	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	5,946,446	9,464	0	6,155,310	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,158	11,463	10,369	70,990	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 SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	308,880	0	0	353,084	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,307,701	158,651	157,398	8,954,706	30.00
31.00	03100	INTENSIVE CARE UNIT	3,144,091	37,454	25,362	3,662,737	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,728,341	21,272	40,611	2,073,538	34.00
43.00	04300	NURSERY	1,130,989	0	36,180	1,264,812	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,722,290	77,288	1,082,826	6,345,743	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,420,290	957	11,406	1,685,849	51.00
51.01	05101	OP ONCOLOGY	377,024	24,975	0	469,189	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,029,052	0	32,918	1,150,812	52.00
52.02	05201	SUBSTANCE ABUSE	558,282	41,793	0	685,862	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	343,401	18,575	9,026	399,627	52.06
53.00	05300	ANESTHESIOLOGY	2,299,786	0	53,749	2,362,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,863,356	75,441	1,131,614	4,521,840	54.00
56.00	05600	RADIOISOTOPE	971,050	23,428	393,913	1,445,077	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,456,125	20,794	891,362	4,584,309	59.00
60.00	06000	LABORATORY	6,709,717	1,002	212,015	6,922,782	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,665,313	0	61,835	1,976,170	65.00
66.00	06600	PHYSICAL THERAPY	1,337,292	0	0	1,337,292	66.00
66.01	06601	WOUND CARE	880,761	30,195	0	910,956	66.01
67.00	06700	OCCUPATIONAL THERAPY	317,516	0	0	317,516	67.00
68.00	06800	SPEECH PATHOLOGY	174,666	4,410	0	179,076	68.00
69.00	06900	ELECTROCARDIOLOGY	990,033	11,450	248,948	1,345,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,824	15,145	26,584	101,771	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,630,701	0	0	3,630,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,949,382	0	0	5,949,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,031,900	0	0	4,031,900	73.00
74.00	07400	RENAL DIALYSIS	277,133	2,666	0	279,799	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	244,286	16,880	14,328	319,007	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,155,377	48,784	123,039	3,894,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,409,068	1,911,970	6,102,798	5,922,207	121,049,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221,295	3,457	330	18,123	243,205	190.00
194.00	07950	OTHER NRCC	2,625,517	287,433	16,576	30,386	2,959,912	194.00
194.01	07951	SISTERS RESIDENCE	18,565	0	0	3,330	21,895	194.01
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)	124,274,445	2,202,860	6,119,704	5,974,046	124,274,445	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,321,975					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,344,708		10,288,375			7.00
7.01	00701	BIO MED	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	104,864	0	0	0	460,134	8.00
9.00	00900	HOUSEKEEPING	477,363	0	365,130	0	0	9.00
10.00	01000	DIETARY	304,692	0	502,122	0	0	10.00
11.00	01100	CAFETERIA	369,481	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	751,174	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	176,987	0	634,404	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,816,844	0	88,188	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,954	0	106,818	0	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 SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	104,219	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,643,108	0	1,478,318	0	326,776	30.00
31.00	03100	INTENSIVE CARE UNIT	1,081,119	0	349,001	0	76,338	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	612,040	0	198,215	0	42,316	34.00
43.00	04300	NURSERY	373,331	0	0	0	14,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,873,054	0	720,175	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	497,607	0	8,919	0	0	51.00
51.01	05101	OP ONCOLOGY	138,489	0	232,723	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	339,682	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	202,444	0	389,428	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	117,957	0	173,084	0	0	52.06
53.00	05300	ANESTHESIOLOGY	697,361	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,334,698	0	702,962	0	0	54.00
56.00	05600	RADIOISOTOPE	426,539	0	218,303	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,353,137	0	193,755	0	0	59.00
60.00	06000	LABORATORY	2,043,377	0	9,336	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	583,300	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	394,724	0	0	0	0	66.00
66.01	06601	WOUND CARE	268,884	0	281,360	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	93,720	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	52,857	0	41,093	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	397,278	0	106,693	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,039	0	141,118	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,071,663	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,756,061	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,190,084	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	82,587	0	24,839	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,160	0	157,288	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,149,472	0	454,569	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,370,058	0	7,577,841	0	460,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,786	0	32,216	0	0	190.00
194.00	07950	OTHER NRCC	873,668	0	2,678,318	0	0	194.00
194.01	07951	SISTERS RESIDENCE	6,463	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,321,975	0	10,288,375	0	460,134	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,459,757					9.00
10.00	01000	DIETARY	0	1,839,084				10.00
11.00	01100	CAFETERIA	0	0	1,621,251			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	78,464	0	51,716	0	3,426,266	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	61,307	0	40,408	0	824	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	81,750	0	53,882	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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 SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	15,280	0	10,072	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	674,173	1,556,486	444,357	0	1,171,797	30.00
31.00	03100	INTENSIVE CARE UNIT	194,994	181,821	128,522	0	454,052	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	111,368	100,777	73,403	0	256,271	34.00
43.00	04300	NURSERY	39,390	0	25,962	0	98,062	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	184,507	0	121,610	0	279,839	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	109,280	0	72,027	0	250,284	51.00
51.01	05101	OP ONCOLOGY	30,108	0	19,844	0	62,839	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,838	0	23,621	0	89,223	52.00
52.02	05201	SUBSTANCE ABUSE	49,557	0	32,664	0	17,271	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	12,249	0	8,074	0	32,168	52.06
53.00	05300	ANESTHESIOLOGY	6,502	0	4,286	0	35	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	206,790	0	136,297	0	32,230	54.00
56.00	05600	RADIOISOTOPE	24,042	0	15,846	0	3,286	56.00
59.00	05900	CARDIAC CATHETERIZATION	79,917	0	52,674	0	147,350	59.00
60.00	06000	LABORATORY	23	0	15	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	122,915	0	81,015	0	6,687	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	40,353	0	26,597	0	18,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,032	0	3,317	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,050	0	11,897	0	35,312	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	238,677	0	157,314	0	450,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,420,566	1,839,084	1,595,420	0	3,406,533	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,917	0	13,786	0	0	190.00
194.00	07950	OTHER NRCC	16,747	0	11,038	0	15,703	194.00
194.01	07951	SISTERS RESIDENCE	1,527	0	1,007	0	4,030	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,459,757	1,839,084	1,621,251	0	3,426,266	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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	1,513,546					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	0	0	8,195,974			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	198,762		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 SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	18,065	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,169	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	4,274	0	34.00
43.00	04300	NURSERY	0	0	0	774	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	15,088	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,640	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	952	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	628	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	969	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	659	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	4,355	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	26,760	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	2,984	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,515	0	59.00
60.00	06000	LABORATORY	0	0	0	20,060	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,991	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,652	0	66.00
66.01	06601	WOUND CARE	0	0	0	2,315	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	414	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	72	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,533	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	143	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	573,611	0	0	8,590	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	939,935	0	0	10,090	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,195,974	23,105	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	253	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	310	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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	16,402	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,513,546	0	8,195,974	198,762	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,513,546	0	8,195,974	198,762	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	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
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					482,655	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	482,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	482,655	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM		
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
					19.00	20.00			21.00
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00	
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	482,655	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
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
14.01	01401	STERILE PROCESSING				14.01
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 SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,267,786	0	17,267,786	30.00
31.00	03100	INTENSIVE CARE UNIT	6,135,753	0	6,135,753	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,472,202	0	3,472,202	34.00
43.00	04300	NURSERY	1,817,035	0	1,817,035	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,540,016	0	9,540,016	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,626,606	0	2,626,606	51.00
51.01	05101	OP ONCOLOGY	954,144	0	954,144	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,639,804	0	1,639,804	52.00
52.02	05201	SUBSTANCE ABUSE	1,378,195	0	1,378,195	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	743,818	0	743,818	52.06
53.00	05300	ANESTHESIOLOGY	3,075,136	0	3,075,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,961,577	0	6,961,577	54.00
56.00	05600	RADIOISOTOPE	2,136,077	0	2,136,077	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,423,657	0	6,423,657	59.00
60.00	06000	LABORATORY	8,995,593	0	8,995,593	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,774,078	0	2,774,078	65.00
66.00	06600	PHYSICAL THERAPY	1,734,668	0	1,734,668	66.00
66.01	06601	WOUND CARE	1,463,515	0	1,463,515	66.01
67.00	06700	OCCUPATIONAL THERAPY	411,650	0	411,650	67.00
68.00	06800	SPEECH PATHOLOGY	273,098	0	273,098	68.00
69.00	06900	ELECTROCARDIOLOGY	1,947,483	0	1,947,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	281,420	0	281,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,284,565	0	5,284,565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,655,468	0	8,655,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,441,063	0	13,441,063	73.00
74.00	07400	RENAL DIALYSIS	387,478	0	387,478	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	636,024	0	636,024	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						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100	EMERGENCY	6,844,318	0	6,844,318	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,302,227	0	117,302,227	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		11/29/2022 3:04 pm
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	381,910	0	381,910		190.00
194.00	07950	OTHER NRCC	6,555,386	0	6,555,386		194.00
194.01	07951	SISTERS RESIDENCE	34,922	0	34,922		194.01
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	124,274,445	0	124,274,445		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	694,724	161,064	855,788	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	404,004	511,109	915,113	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	39,185	2,285	41,470	9.00
10.00	01000	DIETARY	0	53,887	7,342	61,229	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	736,558	736,558	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	68,083	120,957	189,040	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	0	9,464	0	9,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,463	10,369	21,832	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 SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	158,651	157,398	316,049	30.00
31.00	03100	INTENSIVE CARE UNIT	0	37,454	25,362	62,816	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	21,272	40,611	61,883	34.00
43.00	04300	NURSERY	0	0	36,180	36,180	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	77,288	1,082,826	1,160,114	50.00
50.01	05330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	957	11,406	12,363	51.00
51.01	05101	OP ONCOLOGY	0	24,975	0	24,975	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,918	32,918	52.00
52.02	05201	SUBSTANCE ABUSE	0	41,793	0	41,793	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	18,575	9,026	27,601	52.06
53.00	05300	ANESTHESIOLOGY	0	0	53,749	53,749	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	75,441	1,131,614	1,207,055	54.00
56.00	05600	RADIOISOTOPE	0	23,428	393,913	417,341	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,794	891,362	912,156	59.00
60.00	06000	LABORATORY	0	1,002	212,015	213,017	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	61,835	61,835	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	30,195	0	30,195	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,410	0	4,410	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,450	248,948	260,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,145	26,584	41,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,666	0	2,666	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	16,880	14,328	31,208	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	48,784	123,039	171,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,911,970	6,102,798	8,014,768	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,457	330	3,787	0 190.00
194.00	07950	OTHER NRCC	0	287,433	16,576	304,009	0 194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0 194.01
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)	0	2,202,860	6,119,704	8,322,564	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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11/29/2021 5:54 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	855,788					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	70,850	0	985,963			7.00
7.01	00701	BIO MED	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,169	0	0	0	3,169	8.00
9.00	00900	HOUSEKEEPING	14,424	0	34,991	0	0	9.00
10.00	01000	DIETARY	9,207	0	48,120	0	0	10.00
11.00	01100	CAFETERIA	11,165	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,698	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,348	0	60,797	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	54,899	0	8,451	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	633	0	10,237	0	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 SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,149	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,856	0	141,671	0	2,251	30.00
31.00	03100	INTENSIVE CARE UNIT	32,668	0	33,446	0	526	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,494	0	18,995	0	291	34.00
43.00	04300	NURSERY	11,281	0	0	0	101	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,598	0	69,016	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	15,036	0	855	0	0	51.00
51.01	05101	OP ONCOLOGY	4,185	0	22,303	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,264	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	6,117	0	37,320	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	3,564	0	16,587	0	0	52.06
53.00	05300	ANESTHESIOLOGY	21,072	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,330	0	67,367	0	0	54.00
56.00	05600	RADIOISOTOPE	12,889	0	20,921	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	40,887	0	18,568	0	0	59.00
60.00	06000	LABORATORY	61,744	0	895	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	17,625	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,927	0	0	0	0	66.00
66.01	06601	WOUND CARE	8,125	0	26,964	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,832	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,597	0	3,938	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,004	0	10,225	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	908	0	13,524	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,382	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,063	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,961	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,496	0	2,380	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,845	0	15,073	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	34,733	0	43,563	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	827,025	0	726,207	0	3,169	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,169	0	3,087	0	0	190.00
194.00	07950	OTHER NRCC	26,399	0	256,669	0	0	194.00
194.01	07951	SISTERS RESIDENCE	195	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	855,788	0	985,963	0	3,169	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
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
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	90,885				9.00
10.00	01000	DIETARY	0	118,556			10.00
11.00	01100	CAFETERIA	0	0	11,165		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,899	0	356	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,265	0	278	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	3,021	0	371	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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 SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	565	0	69	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,909	100,338	3,059	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,205	11,721	885	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,115	6,497	506	0	34.00
43.00	04300	NURSERY	1,455	0	179	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,817	0	837	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,038	0	496	0	51.00
51.01	05101	OP ONCOLOGY	1,112	0	137	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,324	0	163	0	52.00
52.02	05201	SUBSTANCE ABUSE	1,831	0	225	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	453	0	56	0	52.06
53.00	05300	ANESTHESIOLOGY	240	0	30	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,641	0	939	0	54.00
56.00	05600	RADIOISOTOPE	888	0	109	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,953	0	363	0	59.00
60.00	06000	LABORATORY	1	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,542	0	558	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,491	0	183	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186	0	23	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	667	0	82	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	8,819	0	1,083	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,437	118,556	10,987	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	773	0	95	0	190.00
194.00	07950	OTHER NRCC	619	0	76	0	194.00
194.01	07951	SISTERS RESIDENCE	56	0	7	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	90,885	118,556	11,165	0	762,511	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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	257,911					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	0	0	76,206			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	32,702		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 SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,960	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,175	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	700	0	34.00
43.00	04300	NURSERY	0	0	0	127	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	2,472	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	433	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	156	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	103	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	159	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	108	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,516	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	489	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,051	0	59.00
60.00	06000	LABORATORY	0	0	0	3,287	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	654	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	435	0	66.00
66.01	06601	WOUND CARE	0	0	0	379	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	68	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	12	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,054	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	23	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	97,746	0	0	1,408	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,165	0	0	1,653	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	76,206	3,786	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	41	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	51	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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	2,688	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	257,911	0	76,206	32,702	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01
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)	257,911	0	76,206	32,702	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	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
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					3,783	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	03330	SPECIAL PROCEDURES						50.01
51.00	05100	RECOVERY ROOM						51.00
51.01	05101	OP ONCOLOGY						51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
52.02	05201	SUBSTANCE ABUSE						52.02
52.04	05202	DIABETES EDUCATION						52.04
52.05	05203	PODIATRY						52.05
52.06	05204	INFUSION CLINIC						52.06
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	WOUND CARE						66.01
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03951	OTHER						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPS						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	OCCUPATIONAL HEALTH						90.01
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	19.00	20.00	21.00	22.00	23.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 OTHER NRCC						194.00
194.01 07951 SISTERS RESIDENCE						194.01
200.00 Cross Foot Adjustments	0	0	0	0	3,783	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	3,783	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
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
14.01	01401	STERILE PROCESSING				14.01
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 SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	931,872	0	931,872	30.00
31.00	03100	INTENSIVE CARE UNIT	251,491	0	251,491	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	168,514	0	168,514	34.00
43.00	04300	NURSERY	71,147	0	71,147	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,358,132	0	1,358,132	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	88,921	0	88,921	51.00
51.01	05101	OP ONCOLOGY	66,853	0	66,853	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,629	0	64,629	52.00
52.02	05201	SUBSTANCE ABUSE	91,289	0	91,289	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	55,528	0	55,528	52.06
53.00	05300	ANESTHESIOLOGY	75,813	0	75,813	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,335,021	0	1,335,021	54.00
56.00	05600	RADIOISOTOPE	453,368	0	453,368	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,009,771	0	1,009,771	59.00
60.00	06000	LABORATORY	278,944	0	278,944	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	86,702	0	86,702	65.00
66.00	06600	PHYSICAL THERAPY	12,362	0	12,362	66.00
66.01	06601	WOUND CARE	65,663	0	65,663	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,900	0	2,900	67.00
68.00	06800	SPEECH PATHOLOGY	9,957	0	9,957	68.00
69.00	06900	ELECTROCARDIOLOGY	290,380	0	290,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,393	0	56,393	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	131,536	0	131,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	214,881	0	214,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,953	0	115,953	73.00
74.00	07400	RENAL DIALYSIS	7,583	0	7,583	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	57,785	0	57,785	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						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100	EMERGENCY	363,060	0	363,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,716,448	0	7,716,448	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,911	0	9,911		190.00
194.00	07950	OTHER NRCC	591,267	0	591,267		194.00
194.01	07951	SISTERS RESIDENCE	1,155	0	1,155		194.01
200.00		Cross Foot Adjustments	3,783	0	3,783		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	8,322,564	0	8,322,564		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	492,514				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,318,824			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	30,943,070		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	155,326	61,029	2,305,028	-28,321,975	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	90,327	193,665	390,304	0	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,761	866	0	0	9.00
10.00	01000	DIETARY	12,048	2,782	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	279,090	1,227,448	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,222	45,832	362,032	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	2,116	0	1,032,809	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,563	3,929	0	0	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 SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	228,960	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,471	59,640	6,893,827	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,374	9,610	2,361,004	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,756	15,388	1,467,446	0	34.00
43.00	04300	NURSERY	0	13,709	505,750	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,280	410,295	2,399,899	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	214	4,322	1,311,449	0	51.00
51.01	05101	OP ONCOLOGY	5,584	0	348,016	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,473	460,166	0	52.00
52.02	05201	SUBSTANCE ABUSE	9,344	0	444,338	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	4,153	3,420	148,266	0	52.06
53.00	05300	ANESTHESIOLOGY	0	20,366	46,937	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,867	428,780	2,338,212	0	54.00
56.00	05600	RADIOISOTOPE	5,238	149,258	293,612	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,649	337,747	1,118,936	0	59.00
60.00	06000	LABORATORY	224	80,335	247	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	23,430	1,289,829	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	WOUND CARE	6,751	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	986	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,560	94,329	494,711	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,386	10,073	42,564	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	596	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,774	5,429	225,378	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	10,907	46,621	2,937,400	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	427,477	2,312,418	30,674,568	-28,321,975	92,727,458	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	773	125	93,868	0	243,205	190.00
194.00	07950	OTHER NRCC	64,264	6,281	157,387	0	2,959,912	194.00
194.01	07951	SISTERS RESIDENCE	0	0	17,247	0	21,895	194.01
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)	2,202,860	6,119,704	5,974,046		28,321,975	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.472685	2.639141	0.193066		0.295167	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		855,788	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.008919	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	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					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	246,861			7.00
7.01	00701	BIO MED	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	20,747	8.00
9.00	00900	HOUSEKEEPING	0	8,761	0	0	9.00
10.00	01000	DIETARY	0	12,048	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	23,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,222	0	18,263	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	0	2,116	0	24,353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,563	0	0	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 SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	4,552	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	35,471	0	14,734	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,374	0	3,442	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,756	0	1,908	34.00
43.00	04300	NURSERY	0	0	0	663	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	17,280	0	54,964	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	214	0	32,554	51.00
51.01	05101	OP ONCOLOGY	0	5,584	0	8,969	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,676	52.00
52.02	05201	SUBSTANCE ABUSE	0	9,344	0	14,763	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	4,153	0	3,649	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	1,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,867	0	61,602	54.00
56.00	05600	RADIOISOTOPE	0	5,238	0	7,162	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,649	0	23,807	59.00
60.00	06000	LABORATORY	0	224	0	7	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	36,616	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	6,751	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	986	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,560	0	12,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,386	0	1,499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	596	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,774	0	5,377	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	10,907	0	71,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	181,824	0	20,747	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	773	0	6,231	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	7.00	7.01	8.00	9.00	
194.00	07950	OTHER NRCC	0	64,264	0	0	4,989	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	455	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	10,288,375	0	460,134	2,459,757	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	41.676794	0.000000	22.178339	3.356871	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	985,963	0	3,169	90,885	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.994001	0.000000	0.152745	0.124032	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			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
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	43,524					10.00
11.00	01100	CAFETERIA	0	732,753				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	23,374	0	386,852		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,263	0	93	9,580,083	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	24,353	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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 SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	4,552	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,836	200,834	0	132,305	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,303	58,088	0	51,266	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,385	33,176	0	28,935	0	34.00
43.00	04300	NURSERY	0	11,734	0	11,072	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,964	0	31,596	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	32,554	0	28,259	0	51.00
51.01	05101	OP ONCOLOGY	0	8,969	0	7,095	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,676	0	10,074	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	14,763	0	1,950	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	3,649	0	3,632	0	52.06
53.00	05300	ANESTHESIOLOGY	0	1,937	0	4	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,602	0	3,639	0	54.00
56.00	05600	RADIOISOTOPE	0	7,162	0	371	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,807	0	16,637	0	59.00
60.00	06000	LABORATORY	0	7	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	36,616	0	755	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	12,021	0	2,042	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,499	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,630,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,949,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,377	0	3,987	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	71,101	0	50,912	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,524	721,078	0	384,624	9,580,083	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,231	0	0	190.00
194.00	07950	OTHER NRCC	0	4,989	0	1,773	194.00
194.01	07951	SISTERS RESIDENCE	0	455	0	455	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,839,084	1,621,251	0	3,426,266	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.254480	2.212548	0.000000	8.856788	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	118,556	11,165	0	762,511	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.723922	0.015237	0.000000	1.971066	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.01	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING	0					14.01
15.00	01500	PHARMACY	0	4,031,900				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	833,549,287			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	75,905,105	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	30,122,465	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	17,956,717	0	0	34.00
43.00	04300	NURSERY	0	0	3,252,318	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	63,394,639	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	11,090,569	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	3,998,850	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,638,725	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	4,071,757	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	2,767,840	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	18,297,840	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	110,856,554	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	12,537,532	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	52,582,913	0	0	59.00
60.00	06000	LABORATORY	0	0	84,283,630	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	16,770,851	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,142,262	0	0	66.00
66.01	06601	WOUND CARE	0	0	9,725,454	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,737,595	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	304,452	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	52,659,785	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	601,637	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	36,094,118	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	42,395,787	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,031,900	97,080,200	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,061,925	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,300,929	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	68,916,838	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,031,900	833,549,287	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	8,195,974	198,762	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.032782	0.000238	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	76,206	32,702	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.018901	0.000039	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)		
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES	SERVICES-OTHER			
				APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)			
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
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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 SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
51.01	05101	OP ONCOLOGY	0	0	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0		52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0		52.04
52.05	05203	PODIATRY	0	0	0	0		52.05
52.06	05204	INFUSION CLINIC	0	0	0	0		52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
66.01	06601	WOUND CARE	0	0	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03951	OTHER	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0		90.01
91.00	09100	EMERGENCY	0	0	0	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)	
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			20.00	21.00	22.00	23.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	100		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	OTHER NRCC	0	0	0	0		194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0		194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	482,655		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,826.550000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	3,783		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	37.830000		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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,267,786		17,267,786	1,307	17,269,093
31.00	03100	INTENSIVE CARE UNIT	6,135,753		6,135,753	0	6,135,753
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,472,202		3,472,202	0	3,472,202
43.00	04300	NURSERY	1,817,035		1,817,035	0	1,817,035
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,540,016		9,540,016	0	9,540,016
50.01	03330	SPECIAL PROCEDURES	0		0	0	0
51.00	05100	RECOVERY ROOM	2,626,606		2,626,606	0	2,626,606
51.01	05101	OP ONCOLOGY	954,144		954,144	0	954,144
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,639,804		1,639,804	0	1,639,804
52.02	05201	SUBSTANCE ABUSE	1,378,195		1,378,195	0	1,378,195
52.04	05202	DIABETES EDUCATION	0		0	0	0
52.05	05203	PODIATRY	0		0	0	0
52.06	05204	INFUSION CLINIC	743,818		743,818	0	743,818
53.00	05300	ANESTHESIOLOGY	3,075,136		3,075,136	0	3,075,136
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,961,577		6,961,577	0	6,961,577
56.00	05600	RADIOISOTOPE	2,136,077		2,136,077	65,180	2,201,257
59.00	05900	CARDIAC CATHETERIZATION	6,423,657		6,423,657	0	6,423,657
60.00	06000	LABORATORY	8,995,593		8,995,593	0	8,995,593
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	2,774,078	0	2,774,078	7,964	2,782,042
66.00	06600	PHYSICAL THERAPY	1,734,668	0	1,734,668	0	1,734,668
66.01	06601	WOUND CARE	1,463,515	0	1,463,515	0	1,463,515
67.00	06700	OCCUPATIONAL THERAPY	411,650	0	411,650	0	411,650
68.00	06800	SPEECH PATHOLOGY	273,098	0	273,098	0	273,098
69.00	06900	ELECTROCARDIOLOGY	1,947,483		1,947,483	5,889	1,953,372
70.00	07000	ELECTROENCEPHALOGRAPHY	281,420		281,420	0	281,420
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,284,565		5,284,565	0	5,284,565
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,655,468		8,655,468	0	8,655,468
73.00	07300	DRUGS CHARGED TO PATIENTS	13,441,063		13,441,063	0	13,441,063
74.00	07400	RENAL DIALYSIS	387,478		387,478	0	387,478
76.00	03951	OTHER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	636,024		636,024	1,471	637,495
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0		0	0	0
91.00	09100	EMERGENCY	6,844,318		6,844,318	0	6,844,318
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,689,150		1,689,150	0	1,689,150
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	118,991,377	0	118,991,377	81,811	119,073,188
201.00		Less Observation Beds	1,689,150		1,689,150		1,689,150
202.00		Total (see instructions)	117,302,227	0	117,302,227	81,811	117,384,038

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,976,139		65,976,139			30.00
31.00	03100	INTENSIVE CARE UNIT	30,122,465		30,122,465			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,956,717		17,956,717			34.00
43.00	04300	NURSERY	3,252,318		3,252,318			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,157,683	45,236,956	63,394,639	0.150486	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,260,998	8,829,571	11,090,569	0.236832	0.000000	51.00
51.01	05101	OP ONCOLOGY	13,494	3,985,356	3,998,850	0.238605	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,269,105	1,369,620	2,638,725	0.621438	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	108,873	3,962,884	4,071,757	0.338477	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	252,445	2,515,395	2,767,840	0.268736	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	5,101,755	13,196,085	18,297,840	0.168060	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,381,406	84,475,148	110,856,554	0.062798	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,118,870	11,418,662	12,537,532	0.170375	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	16,683,613	35,899,300	52,582,913	0.122162	0.000000	59.00
60.00	06000	LABORATORY	33,487,744	50,795,886	84,283,630	0.106730	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	12,193,148	4,577,703	16,770,851	0.165411	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,980,301	8,161,961	11,142,262	0.155684	0.000000	66.00
66.01	06601	WOUND CARE	62,734	9,662,720	9,725,454	0.150483	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	542,871	1,194,724	1,737,595	0.236908	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	92,761	211,691	304,452	0.897015	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,011,304	42,648,481	52,659,785	0.036982	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,942	449,695	601,637	0.467757	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,749,412	20,344,706	36,094,118	0.146411	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,366,629	24,029,158	42,395,787	0.204159	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,328,832	63,751,368	97,080,200	0.138453	0.000000	73.00
74.00	07400	RENAL DIALYSIS	987,033	74,892	1,061,925	0.364883	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	9,459	1,291,470	1,300,929	0.488900	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	22,907,186	46,009,652	68,916,838	0.099313	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,565,029	7,363,937	9,928,966	0.170123	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	342,092,266	491,457,021	833,549,287			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	342,092,266	491,457,021	833,549,287			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 5:54 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.150486		50.00
50.01	03330	SPECIAL PROCEDURES	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.236832		51.00
51.01	05101	OP ONCOLOGY	0.238605		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621438		52.00
52.02	05201	SUBSTANCE ABUSE	0.338477		52.02
52.04	05202	DIABETES EDUCATION	0.000000		52.04
52.05	05203	PODIATRY	0.000000		52.05
52.06	05204	INFUSION CLINIC	0.268736		52.06
53.00	05300	ANESTHESIOLOGY	0.168060		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.062798		54.00
56.00	05600	RADIOISOTOPE	0.175573		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.122162		59.00
60.00	06000	LABORATORY	0.106730		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.165886		65.00
66.00	06600	PHYSICAL THERAPY	0.155684		66.00
66.01	06601	WOUND CARE	0.150483		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.236908		67.00
68.00	06800	SPEECH PATHOLOGY	0.897015		68.00
69.00	06900	ELECTROCARDIOLOGY	0.037094		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.467757		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146411		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.204159		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138453		73.00
74.00	07400	RENAL DIALYSIS	0.364883		74.00
76.00	03951	OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.490031		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100	EMERGENCY	0.099313		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170123		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,267,786		17,267,786	0	0
31.00	03100	INTENSIVE CARE UNIT	6,135,753		6,135,753	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,472,202		3,472,202	0	0
43.00	04300	NURSERY	1,817,035		1,817,035	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,540,016		9,540,016	0	0
50.01	03330	SPECIAL PROCEDURES	0		0	0	0
51.00	05100	RECOVERY ROOM	2,626,606		2,626,606	0	0
51.01	05101	OP ONCOLOGY	954,144		954,144	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,639,804		1,639,804	0	0
52.02	05201	SUBSTANCE ABUSE	1,378,195		1,378,195	0	0
52.04	05202	DIABETES EDUCATION	0		0	0	0
52.05	05203	PODIATRY	0		0	0	0
52.06	05204	INFUSION CLINIC	743,818		743,818	0	0
53.00	05300	ANESTHESIOLOGY	3,075,136		3,075,136	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,961,577		6,961,577	0	0
56.00	05600	RADIOISOTOPE	2,136,077		2,136,077	0	0
59.00	05900	CARDIAC CATHETERIZATION	6,423,657		6,423,657	0	0
60.00	06000	LABORATORY	8,995,593		8,995,593	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	2,774,078	0	2,774,078	0	0
66.00	06600	PHYSICAL THERAPY	1,734,668	0	1,734,668	0	0
66.01	06601	WOUND CARE	1,463,515	0	1,463,515	0	0
67.00	06700	OCCUPATIONAL THERAPY	411,650	0	411,650	0	0
68.00	06800	SPEECH PATHOLOGY	273,098	0	273,098	0	0
69.00	06900	ELECTROCARDIOLOGY	1,947,483		1,947,483	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	281,420		281,420	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,284,565		5,284,565	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,655,468		8,655,468	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,441,063		13,441,063	0	0
74.00	07400	RENAL DIALYSIS	387,478		387,478	0	0
76.00	03951	OTHER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	636,024		636,024	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0		0	0	0
91.00	09100	EMERGENCY	6,844,318		6,844,318	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,689,025		1,689,025	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	118,991,252	0	118,991,252	0	0
201.00		Less Observation Beds	1,689,025		1,689,025		0
202.00		Total (see instructions)	117,302,227	0	117,302,227	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	62,360,153		62,360,153			30.00
31.00	03100	INTENSIVE CARE UNIT	23,910,099		23,910,099			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,577,206		14,577,206			34.00
43.00	04300	NURSERY	3,572,642		3,572,642			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,273,210	35,074,329	60,347,539	0.158085	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,828,626	11,264,864	15,093,490	0.174022	0.000000	51.00
51.01	05101	OP ONCOLOGY	35,093	4,255,352	4,290,445	0.222388	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	950,714	1,399,665	2,350,379	0.697676	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	112,186	3,563,286	3,675,472	0.374971	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	290,196	2,133,955	2,424,151	0.306836	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	6,712,744	9,334,669	16,047,413	0.191628	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,893,189	78,891,855	101,785,044	0.068395	0.000000	54.00
56.00	05600	RADIOISOTOPE	942,301	12,566,789	13,509,090	0.158121	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	14,003,999	27,060,171	41,064,170	0.156430	0.000000	59.00
60.00	06000	LABORATORY	27,567,000	41,380,645	68,947,645	0.130470	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	13,026,971	4,619,093	17,646,064	0.157207	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,902,373	7,486,921	10,389,294	0.166967	0.000000	66.00
66.01	06601	WOUND CARE	51,297	8,907,702	8,958,999	0.163357	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	462,237	859,192	1,321,429	0.311519	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	76,208	235,528	311,736	0.876055	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,832,375	32,104,479	40,936,854	0.047573	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,767	322,519	460,286	0.611402	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,749,022	17,351,113	34,100,135	0.154972	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,453,909	11,208,976	31,662,885	0.273363	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,593,322	39,804,292	70,397,614	0.190931	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,305,008	23,893,115	25,198,123	0.015377	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	16,368	1,161,486	1,177,854	0.539985	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	21,479,503	48,010,442	69,489,945	0.098494	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,554,149	4,702,724	7,256,873	0.232748	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	325,669,867	427,593,162	753,263,029			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	325,669,867	427,593,162	753,263,029			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	SPECIAL PROCEDURES	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
51.01	05101	OP ONCOLOGY	0.000000			51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
52.02	05201	SUBSTANCE ABUSE	0.000000			52.02
52.04	05202	DIABETES EDUCATION	0.000000			52.04
52.05	05203	PODIATRY	0.000000			52.05
52.06	05204	INFUSION CLINIC	0.000000			52.06
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	WOUND CARE	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	OTHER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	931,872	0	931,872	16,010	58.21	30.00
31.00	INTENSIVE CARE UNIT	251,491		251,491	3,442	73.07	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	168,514		168,514	1,908	88.32	34.00
43.00	NURSERY	71,147		71,147	663	107.31	43.00
200.00	Total (lines 30 through 199)	1,423,024		1,423,024	22,023		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	5,017	292,040				
31.00	INTENSIVE CARE UNIT	1,238	90,461				
34.00	SURGICAL INTENSIVE CARE UNIT	726	64,120				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	6,981	446,621				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,358,132	63,394,639	0.021423	8,198,654	175,640	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	88,921	11,090,569	0.008018	1,014,227	8,132	51.00
51.01	05101	OP ONCOLOGY	66,853	3,998,850	0.016718	13,494	226	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,629	2,638,725	0.024493	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	91,289	4,071,757	0.022420	12,067	271	52.02
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	55,528	2,767,840	0.020062	112,350	2,254	52.06
53.00	05300	ANESTHESIOLOGY	75,813	18,297,840	0.004143	2,278,299	9,439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,335,021	110,856,554	0.012043	11,271,767	135,746	54.00
56.00	05600	RADIOISOTOPE	453,368	12,537,532	0.036161	471,965	17,067	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,009,771	52,582,913	0.019203	7,060,662	135,586	59.00
60.00	06000	LABORATORY	278,944	84,283,630	0.003310	12,497,864	41,368	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	86,702	16,770,851	0.005170	4,890,075	25,282	65.00
66.00	06600	PHYSICAL THERAPY	12,362	11,142,262	0.001109	1,443,415	1,601	66.00
66.01	06601	WOUND CARE	65,663	9,725,454	0.006752	53,282	360	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,900	1,737,595	0.001669	267,452	446	67.00
68.00	06800	SPEECH PATHOLOGY	9,957	304,452	0.032705	45,699	1,495	68.00
69.00	06900	ELECTROCARDIOLOGY	290,380	52,659,785	0.005514	4,048,446	22,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,393	601,637	0.093733	54,866	5,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	131,536	36,094,118	0.003644	6,831,556	24,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	214,881	42,395,787	0.005068	8,347,472	42,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,953	97,080,200	0.001194	12,355,367	14,752	73.00
74.00	07400	RENAL DIALYSIS	7,583	1,061,925	0.007141	408,892	2,920	74.00
76.00	03951	OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	57,785	1,300,929	0.044418	6,026	268	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	363,060	68,916,838	0.005268	7,961,849	41,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	91,150	9,928,966	0.009180	1,047,914	9,620	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,384,574	716,241,648		90,693,660	719,081	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0155		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 5:54 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	16,010	0.00	5,017		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,442	0.00	1,238		31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	1,908	0.00	726		34.00	
43.00	04300	NURSERY			0	663	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	22,023		6,981		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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00	
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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	482,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	482,655	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 5:54 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	63,394,639	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	11,090,569	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	0	0	3,998,850	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,638,725	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	4,071,757	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	0	0	0	2,767,840	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	18,297,840	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	110,856,554	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	12,537,532	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	52,582,913	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	84,283,630	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,770,851	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,142,262	0.000000	66.00
66.01	06601	WOUND CARE	0	0	0	9,725,454	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,737,595	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	304,452	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	52,659,785	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	601,637	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,094,118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	42,395,787	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	97,080,200	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,061,925	0.000000	74.00
76.00	03951	OTHER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,300,929	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	482,655	482,655	68,916,838	0.007003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,928,966	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	482,655	482,655	716,241,648		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0155		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 5:54 pm	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	8,198,654	0	11,258,350	0	50.00
50.01	03330	SPECIAL PROCEDURES		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	1,014,227	0	2,164,491	0	51.00
51.01	05101	OP ONCOLOGY		0.000000	13,494	0	1,475,415	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE		0.000000	12,067	0	243,026	0	52.02
52.04	05202	DIABETES EDUCATION		0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY		0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC		0.000000	112,350	0	857,978	0	52.06
53.00	05300	ANESTHESIOLOGY		0.000000	2,278,299	0	3,354,582	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,271,767	0	17,288,158	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	471,965	0	4,238,443	0	56.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	7,060,662	0	14,032,245	0	59.00
60.00	06000	LABORATORY		0.000000	12,497,864	0	5,641,463	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	4,890,075	0	961,027	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,443,415	0	156,291	0	66.00
66.01	06601	WOUND CARE		0.000000	53,282	0	3,232,573	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	267,452	0	4,247	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	45,699	0	1,013	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	4,048,446	0	15,763,161	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	54,866	0	78,225	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	6,831,556	0	6,742,984	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	8,347,472	0	8,917,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	12,355,367	0	19,584,656	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	408,892	0	33,600	0	74.00
76.00	03951	OTHER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	6,026	0	572,633	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.007003	7,961,849	55,757	7,229,721	50,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	1,047,914	0	2,785,249	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			90,693,660	55,757	126,616,840	50,630	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
							1.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.150486	11,258,350	0	0	1,694,224	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.236832	2,164,491	0	0	512,621	51.00
51.01	05101	OP ONCOLOGY	0.238605	1,475,415	0	0	352,041	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621438	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.338477	243,026	0	0	82,259	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.268736	857,978	0	0	230,570	52.06
53.00	05300	ANESTHESIOLOGY	0.168060	3,354,582	0	0	563,771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.062798	17,288,158	0	0	1,085,662	54.00
56.00	05600	RADIOISOTOPE	0.170375	4,238,443	0	0	722,125	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.122162	14,032,245	0	0	1,714,207	59.00
60.00	06000	LABORATORY	0.106730	5,641,463	6,885	0	602,113	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.165411	961,027	0	0	158,964	65.00
66.00	06600	PHYSICAL THERAPY	0.155684	156,291	0	0	24,332	66.00
66.01	06601	WOUND CARE	0.150483	3,232,573	0	0	486,447	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.236908	4,247	0	0	1,006	67.00
68.00	06800	SPEECH PATHOLOGY	0.897015	1,013	0	0	909	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036982	15,763,161	0	0	582,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.467757	78,225	0	0	36,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146411	6,742,984	0	0	987,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.204159	8,917,309	0	0	1,820,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138453	19,584,656	0	17,150	2,711,554	73.00
74.00	07400	RENAL DIALYSIS	0.364883	33,600	0	0	12,260	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.488900	572,633	0	0	279,960	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.099313	7,229,721	0	116	718,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170123	2,785,249	0	1	473,835	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		126,616,840	6,885	17,267	15,854,204	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		126,616,840	6,885	17,267	15,854,204	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03330	SPECIAL PROCEDURES	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
51.01	05101	OP ONCOLOGY	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.02	05201	SUBSTANCE ABUSE	0	0		52.02
52.04	05202	DIABETES EDUCATION	0	0		52.04
52.05	05203	PODIATRY	0	0		52.05
52.06	05204	INFUSION CLINIC	0	0		52.06
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	735	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	WOUND CARE	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,374		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	OTHER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0		90.01
91.00	09100	EMERGENCY	0	12		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	735	2,386		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	735	2,386		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

			Title XIX		Hospital	Cost	
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	931,872	0	931,872	16,010	58.21	30.00
31.00	INTENSIVE CARE UNIT	251,491		251,491	3,442	73.07	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	168,514		168,514	1,908	88.32	34.00
43.00	NURSERY	71,147		71,147	663	107.31	43.00
200.00	Total (lines 30 through 199)	1,423,024		1,423,024	22,023		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	775	45,113				
31.00	INTENSIVE CARE UNIT	78	5,699				
34.00	SURGICAL INTENSIVE CARE UNIT	71	6,271				
43.00	NURSERY	109	11,697				
200.00	Total (lines 30 through 199)	1,033	68,780				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,358,132	60,347,539	0.022505	0	0	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	88,921	15,093,490	0.005891	0	0	51.00
51.01	05101 OP ONCOLOGY	66,853	4,290,445	0.015582	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	64,629	2,350,379	0.027497	0	0	52.00
52.02	05201 SUBSTANCE ABUSE	91,289	3,675,472	0.024837	0	0	52.02
52.04	05202 DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203 PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204 INFUSION CLINIC	55,528	2,424,151	0.022906	0	0	52.06
53.00	05300 ANESTHESIOLOGY	75,813	16,047,413	0.004724	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,335,021	101,785,044	0.013116	0	0	54.00
56.00	05600 RADIOISOTOPE	453,368	13,509,090	0.033560	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,009,771	41,064,170	0.024590	0	0	59.00
60.00	06000 LABORATORY	278,944	68,947,645	0.004046	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	86,702	17,646,064	0.004913	0	0	65.00
66.00	06600 PHYSICAL THERAPY	12,362	10,389,294	0.001190	0	0	66.00
66.01	06601 WOUND CARE	65,663	8,958,999	0.007329	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	2,900	1,321,429	0.002195	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	9,957	311,736	0.031940	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	290,380	40,936,854	0.007093	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	56,393	460,286	0.122517	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	131,536	34,100,135	0.003857	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	214,881	31,662,885	0.006787	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	115,953	70,397,614	0.001647	0	0	73.00
74.00	07400 RENAL DIALYSIS	7,583	25,198,123	0.000301	0	0	74.00
76.00	03951 OTHER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	57,785	1,177,854	0.049060	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	363,060	69,489,945	0.005225	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	91,150	7,256,873	0.012561	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	6,384,574	648,842,929		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0155		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 5:54 pm		
					Title XIX		Hospital		Cost		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	16,010	0.00		775	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,442	0.00		78	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	1,908	0.00		71	34.00	
43.00	04300	NURSERY			0	663	0.00		109	43.00	
200.00		Total (lines 30 through 199)			0	22,023			1,033	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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00	
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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	482,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	482,655	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		All Other Medical Education Cost	Title XIX		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			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)			
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	60,347,539	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	15,093,490	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	0	0	4,290,445	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,350,379	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	3,675,472	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	0	0	0	2,424,151	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	16,047,413	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	101,785,044	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	13,509,090	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,064,170	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,947,645	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,646,064	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,389,294	0.000000	66.00
66.01	06601	WOUND CARE	0	0	0	8,958,999	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,321,429	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	311,736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,936,854	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	460,286	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,100,135	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,662,885	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,397,614	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	25,198,123	0.000000	74.00
76.00	03951	OTHER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,177,854	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	482,655	482,655	69,489,945	0.006946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,256,873	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	482,655	482,655	648,842,929		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0.000000	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.000000	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.000000	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
66.01	06601	WOUND CARE	0.000000	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03951	OTHER	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	90.01
91.00	09100	EMERGENCY	0.006946	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 5:54 pm	
Title XVIII		Hospital		PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			16,010	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,010	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			14,444	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			5,017	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)			17,269,093	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)			17,269,093	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			17,269,093	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)			1,078.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,411,537	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			5,411,537	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,135,753	3,442	1,782.61	1,238	2,206,871
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	3,472,202	1,908	1,819.81	726	1,321,182
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,741,848
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,681,438
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					446,621
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					774,838
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,221,459
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,459,979
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,566
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,078.64
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,689,150

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 5:54 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	931,872	17,269,093	0.053962	1,689,150	91,150	90.00
91.00 Nursing School cost	0	17,269,093	0.000000	1,689,150	0	91.00
92.00 Allied health cost	0	17,269,093	0.000000	1,689,150	0	92.00
93.00 All other Medical Education	0	17,269,093	0.000000	1,689,150	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 5:54 pm	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,010	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,010	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,444	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)		775	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)		663	15.00	
16.00	Nursery days (title V or XIX only)		109	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)		17,267,786	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)		17,267,786	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,267,786	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)		1,078.56	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		835,884	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)		835,884	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 5:54 pm

			Title XIX		Hospital	Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,817,035	663	2,740.63	109	298,729	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,135,753	3,442	1,782.61	78	139,044	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	3,472,202	1,908	1,819.81	71	129,207	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,402,864	49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						1,566	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,078.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,689,025	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		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	931,872	17,267,786	0.053966	1,689,025	91,150	90.00
91.00	Nursing School cost	0	17,267,786	0.000000	1,689,025	0	91.00
92.00	Allied health cost	0	17,267,786	0.000000	1,689,025	0	92.00
93.00	All other Medical Education	0	17,267,786	0.000000	1,689,025	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 5:54 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		25,313,419		30.00
31.00	03100	INTENSIVE CARE UNIT		10,732,339		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,633,050		34.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.150486	8,198,654	1,233,783	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.236832	1,014,227	240,201	51.00
51.01	05101	OP ONCOLOGY	0.238605	13,494	3,220	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621438	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.338477	12,067	4,084	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	0.268736	112,350	30,192	52.06
53.00	05300	ANESTHESIOLOGY	0.168060	2,278,299	382,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.062798	11,271,767	707,844	54.00
56.00	05600	RADIOISOTOPE	0.175573	471,965	82,864	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.122162	7,060,662	862,545	59.00
60.00	06000	LABORATORY	0.106730	12,497,864	1,333,897	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.165886	4,890,075	811,195	65.00
66.00	06600	PHYSICAL THERAPY	0.155684	1,443,415	224,717	66.00
66.01	06601	WOUND CARE	0.150483	53,282	8,018	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.236908	267,452	63,362	67.00
68.00	06800	SPEECH PATHOLOGY	0.897015	45,699	40,993	68.00
69.00	06900	ELECTROCARDIOLOGY	0.037094	4,048,446	150,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.467757	54,866	25,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146411	6,831,556	1,000,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.204159	8,347,472	1,704,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138453	12,355,367	1,710,638	73.00
74.00	07400	RENAL DIALYSIS	0.364883	408,892	149,198	74.00
76.00	03951	OTHER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.490031	6,026	2,953	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	90.01
91.00	09100	EMERGENCY	0.099313	7,961,849	790,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170123	1,047,914	178,274	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		90,693,660	11,741,848	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)		90,693,660		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 5:54 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,698,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,989,108	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)		90,551	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		270,213	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		168.10	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.06	31.00
32.00	Sum of lines 30 and 31		30.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.51	33.00
34.00	Disproportionate share adjustment (see instructions)		569,060	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 5:54 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,193,990	1,480,103		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	300,128	1,107,036		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,407,164			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	18,024,382			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)		18,024,382		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,297,157		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		31,838		53.00
54.00	Special add-on payments for new technologies		269,784		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		55,757		58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,678,918		59.00
60.00	Primary payer payments		5,421		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,673,497		61.00
62.00	Deductibles billed to program beneficiaries		1,598,480		62.00
63.00	Coinsurance billed to program beneficiaries		13,347		63.00
64.00	Allowable bad debts (see instructions)		492,493		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		320,120		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		215,980		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,381,790		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-28,455		70.93
70.94	HRR adjustment amount (see instructions)		-1,109		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 5:54 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		150,001	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,202,225	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		17,957,953	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)		244,272	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		306,619	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 5:54 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,698,286	0	3,698,286		3,698,286
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,989,108	0		11,989,108	11,989,108
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	90,551	0	90,551		90,551
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	270,213	0		270,213	270,213
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1451	0.1451	0.1451	0.1451	
11.00	Disproportionate share adjustment (see instructions)	34.00	569,060	0	134,155	434,905	569,060
11.01	Uncompensated care payments	36.00	1,407,164	0	1,443,141	336,633	1,779,774
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	18,024,382	0	5,366,133	12,658,249	18,024,382
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,024,382	0	5,366,133	12,658,249	18,024,382
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,297,157	0	313,599	983,558	1,297,157

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 5:54 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	269,784	0	0	269,784	269,784	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	5,679,732	13,911,591	19,591,323	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,210,199	0	292,345	917,854	1,210,199	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	9,384	0	2,515	6,869	9,384	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0641	0.0641	0.0641	0.0641		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	77,574	0	18,739	58,835	77,574	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,297,157	0	313,599	983,558	1,297,157	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 5:54 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,698,286	3,698,286		3,698,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,989,108		11,989,108	11,989,108	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	90,551	90,551		90,551	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	270,213		270,213	270,213	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1451	0.1451	0.1451		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	569,060	134,155	434,905	569,060	11.00
11.01	Uncompensated care payments	36.00	1,407,164	300,128	1,107,036	1,407,164	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	18,024,382	4,223,120	13,801,262	18,024,382	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	18,024,382	4,223,120	13,801,262	18,024,382	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,297,157	313,599	983,558	1,297,157	16.00
17.00	Special add-on payments for new technologies	54.00	269,784	0	269,784	269,784	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			4,536,719	15,054,604	19,591,323	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 5:54 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,210,199	292,345	917,854	1,210,199	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	9,384	2,515	6,869	9,384	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0641	0.0641	0.0641		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	77,574	18,739	58,835	77,574	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,297,157	313,599	983,558	1,297,157	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	-28,455	26,008	-54,463	-28,455	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	-1,109	-1,109	0	-1,109	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	150,001	150,001	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 5:54 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,121	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,803,574	2.00
3.00	OPPS payments		14,182,048	3.00
4.00	Outlier payment (see instructions)		69,417	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		50,630	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,121	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,152	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)		24,152	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)		24,152	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,031	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,121	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)		14,302,095	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)		2,486,412	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)		11,818,804	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)		11,818,804	30.00
31.00	Primary payer payments		2,118	31.00
32.00	Subtotal (line 30 minus line 31)		11,816,686	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)		425,833	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		276,791	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		124,442	36.00
37.00	Subtotal (see instructions)		12,093,477	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-70	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)		12,093,547	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		12,115,478	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)		-21,931	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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 5:54 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,516,282		11,764,046	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		466,250		376,088	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/24/2021	24,579	02/24/2021	24,656	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)		-24,579		-24,656	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)		17,957,953		12,115,478	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		244,272		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		21,931	6.02
7.00	Total Medicare program liability (see instructions)		18,202,225		12,093,547	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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 5:54 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet E-3
Part VII
Date/Time Prepared:
11/29/2021 5:54 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		1,402,864		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,402,864	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,402,864	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		1,402,864	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		1,402,864	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 14-0155

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

Worksheet G

Date/Time Prepared:
11/29/2021 5:54 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	56,407	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	82,253,329	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-61,762,819	0	0	0	6.00
7.00 Inventory	4,867,541	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	4,442,359	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	29,856,817	0	0	0	11.00
FIXED ASSETS					
12.00 Land	4,930,000	0	0	0	12.00
13.00 Land improvements	1,014,000	0	0	0	13.00
14.00 Accumulated depreciation	-532,535	0	0	0	14.00
15.00 Buildings	37,571,750	0	0	0	15.00
16.00 Accumulated depreciation	-4,795,318	0	0	0	16.00
17.00 Leasehold improvements	54,148	0	0	0	17.00
18.00 Accumulated depreciation	-31,632	0	0	0	18.00
19.00 Fixed equipment	5,405,872	0	0	0	19.00
20.00 Accumulated depreciation	-3,518,472	0	0	0	20.00
21.00 Automobiles and trucks	23,500	0	0	0	21.00
22.00 Accumulated depreciation	-16,494	0	0	0	22.00
23.00 Major movable equipment	12,837,581	0	0	0	23.00
24.00 Accumulated depreciation	-6,599,536	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	98,984	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	46,441,848	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	10,904,072	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	10,904,072	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	87,202,737	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,764,511	0	0	0	37.00
38.00 Salaries, wages, and fees payable	2,623,344	0	0	0	38.00
39.00 Payroll taxes payable	504,733	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	51,823,110	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	56,715,698	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	11,151,735	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	11,151,735	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	67,867,433	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	19,335,304	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)	19,335,304	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	87,202,737	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0155

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 5:54 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		22,112,015		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		4,108,129				2.00
3.00	Total (sum of line 1 and line 2)		26,220,144		0		3.00
4.00	TRANSFER RSTRR CONTRIBS	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		26,220,144		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO FROM AFFILIATES	6,884,840		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)		6,884,840		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		19,335,304		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	TRANSFER RSTRR CONTRIBS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO FROM AFFILIATES		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: 14-0155

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 5:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,228,457		69,228,457	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,228,457		69,228,457	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,122,465		30,122,465	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	17,956,717		17,956,717	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	48,079,182		48,079,182	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,307,639		117,307,639	17.00
18.00	Ancillary services	224,770,997	438,097,059	662,868,056	18.00
19.00	Outpatient services	0	53,367,484	53,367,484	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON HOSPITAL REVENUE	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	342,078,636	491,464,543	833,543,179	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		133,310,004		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		133,310,004		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0155

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

Worksheet G-3

Date/Time Prepared:
11/29/2021 5:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	833,543,179	1.00
2.00	Less contractual allowances and discounts on patients' accounts	709,830,575	2.00
3.00	Net patient revenues (line 1 minus line 2)	123,712,604	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	133,310,004	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,597,400	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	268,345	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	174,039	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	712,384	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER OPERATING INCOME	876,590	24.01
24.50	COVID-19 PHE Funding	11,674,171	24.50
25.00	Total other income (sum of lines 6-24)	13,705,529	25.00
26.00	Total (line 5 plus line 25)	4,108,129	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)	4,108,129	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0155	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 5:54 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,210,199	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,384	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)		54.67	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.60	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.06	8.00
9.00	Sum of lines 7 and 8		30.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.41	10.00
11.00	Disproportionate share adjustment (see instructions)		77,574	11.00
12.00	Total prospective capital payments (see instructions)		1,297,157	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