

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: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 1:05 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/25/2022	Time: 1:05 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JAMES HOSPITAL (14-0161) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-37,307	-29,611	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
10.00	RURAL HEALTH CLINIC (RHC) I	0		47,273		0	10.00
200.00	Total	0	-37,307	17,662	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: 14-0161		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:05 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2500 WEST REYNOLDS STREET			PO Box:				1.00		
2.00	City: PONTIAC			State: IL		Zip Code: 61764		County: LIVINGSTON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		SAINT JAMES HOSPITAL	140161	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		ST JAMES HOSPITAL SWING	14U161	99914		10/10/2002	N	P	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC		SJH - OSFMG - STREATOR CFH	148624	99914		04/05/2021	N	O	N
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020	09/30/2021		20.00
21.00	Type of Control (see instructions)						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 OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 1:05 am

MCRIF32 - 17.2.173.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 1:05 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00	
		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
61.01	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)					
61.02	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)					
61.03	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)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
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)					
61.06	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)					
		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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
Teaching Hospitals that Claim Residents in Nonprovider Settings						
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
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	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. 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)					64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 1:05 am

	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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	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
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					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.					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)					76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0161		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:05 am		
							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	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)							107.00	
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
							1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		

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		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.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	6,769	0	18,841118.01
		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.	Y	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0161		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:05 am	
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: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 06101		141.00		
142.00	Street: 800 N.E. GLEN OAK AVE		PO Box:				142.00		
143.00	City: PEORIA		State: IL		Zip Code: 61603		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N		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.							146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	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		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	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		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 1:05 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2022
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	12/15/2021	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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 1:05 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	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.	REBECCA	ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA.C.ROBINSON@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 1:05 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REIMBURSEMENT SENIOR ANALYST	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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	37	13,505	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)		37	13,505	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,825	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		42	15,330	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 (RHC)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		42				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,935	46	5,202			1.00
2.00	HMO and other (see instructions)	1,265	869				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	536				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	7			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)	2,935	46	5,209			7.00
8.00	INTENSIVE CARE UNIT	546	26	1,161			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		6	270			13.00
14.00	Total (see instructions)	3,481	78	6,640	0.00	255.98	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)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC (RHC)	3,440	2,425	11,073	0.00	19.81	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	275.79	27.00
28.00	Observation Bed Days		221	1,407			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	30	40			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	845	35	1,695	1.00
2.00 HMO and other (see instructions)			289	197		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	845	35	1,695	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 (RHC)	0.00					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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 1:05 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	20,456,792	61,207	20,517,999	573,659.00	35.77
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		556,278	0	556,278	5,457.00	101.94
4.00	Physician-Part A - Administrative		266,442	0	266,442	1,402.00	190.04
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		880,336	0	880,336	4,297.00	204.87
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,490,275	21,185	1,511,460	41,222.00	36.67
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)		108,779	770	109,549	5,169.00	21.19
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,066,940	0	1,066,940	10,537.00	101.26
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		12,937	0	12,937	113.00	114.49
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		4,419,388	0	4,419,388	116,894.00	37.81
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)		5,163,456	0	5,163,456		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		43,679	0	43,679		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		82,600	0	82,600		
22.00	Physician Part A - Administrative		24,195	0	24,195		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		74,240	0	74,240		
24.00	Wage-related costs (RHC/FQHC)		428,699	0	428,699		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,620,553	0	1,620,553		
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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 1:05 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	519,582	-518,182	1,400	9.00	155.56	26.00
27.00	Administrative & General	5.00	1,048,335	153,646	1,201,981	16,741.00	71.80	27.00
28.00	Administrative & General under contract (see inst.)		313,154	0	313,154	2,145.00	145.99	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	467,244	709	467,953	17,973.00	26.04	30.00
31.00	Laundry & Linen Service	8.00	22,657	784	23,441	1,717.00	13.65	31.00
32.00	Housekeeping	9.00	591,290	10,094	601,384	38,752.00	15.52	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	481,426	-323,667	157,759	8,118.00	19.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	337,309	337,309	19,000.00	17.75	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	913,491	-11,750	901,741	21,594.00	41.76	38.00
39.00	Central Services and Supply	14.00	105,881	161	106,042	5,204.00	20.38	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	67,485	102	67,587	3,369.00	20.06	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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 1:05 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	17,843,057	40,022	17,883,079	524,828.00	34.07	1.00
2.00	Excluded area salaries (see instructions)	108,779	770	109,549	5,169.00	21.19	2.00
3.00	Subtotal salaries (line 1 minus line 2)	17,734,278	39,252	17,773,530	519,659.00	34.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,499,265	0	5,499,265	127,544.00	43.12	4.00
5.00	Subtotal wage-related costs (see inst.)	6,808,204	0	6,808,204	0.00	38.31	5.00
6.00	Total (sum of lines 3 thru 5)	30,041,747	39,252	30,080,999	647,203.00	46.48	6.00
7.00	Total overhead cost (see instructions)	4,530,545	-350,794	4,179,751	134,622.00	31.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2022 1:05 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		89,624	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)		216,128	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,268,539	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		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		21,072	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	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		1,396,811	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		6	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		18,029	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,010,209	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,066,940	5,010,209	1.00
2.00	Hospital	1,066,940	5,010,209	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0161				Period: From 10/01/2020 To 09/30/2021		Worksheet S-8	
Component CCN: 14-8624				Date/Time Prepared: 2/25/2022 1:05 am			
RHC I				Cost			
				1.00			
Clinic Address and Identification							
1.00	Street			111 SPRING STREET			1.00
			City	State	ZIP Code		
			1.00	2.00	3.00		
2.00	City, State, ZIP Code, County			STREATOR IL 61364		2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0 3.00	
				Grant Award		Date	
				1.00		2.00	
Source of Federal Funds							
4.00	Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0 10.00	
			Sunday		Monday		Tuesday
			from	to	from	to	from
			1.00	2.00	3.00	4.00	5.00
Facility hours of operations (1)							
11.00	CLINIC			07:00	06:00	07:00	11.00
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N		0 13.00	
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number					14.00	
			Y/N	V	XVIII	XIX	Total Visits
			1.00	2.00	3.00	4.00	5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
				County			
				4.00			
2.00	City, State, ZIP Code, County			LASALLE		2.00	
			Tuesday	Wednesday		Thursday	
			to	from	to	from	to
			6.00	7.00	8.00	9.00	10.00
Facility hours of operations (1)							
11.00	CLINIC			06:00	07:00	06:00	07:00
				06:00		11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0161

Period:

Worksheet S-8

Component CCN: 14-8624

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

Date/Time Prepared:

2/25/2022 1:05 am

		RHC I		Cost	
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	07:00	06:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0161

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

Worksheet S-10

Date/Time Prepared:
2/25/2022 1:05 am

				2/23/2022 1:05 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.207968	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			4,109,880	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			44,365,879	6.00
7.00	Medicaid cost (line 1 times line 6)			9,226,683	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)			5,116,803	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)			5,116,803	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)		3,780,591	616,124	4,396,715
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)		786,242	616,124	1,402,366
22.00	Payments received from patients for amounts previously written off as charity care		0	0	0
23.00	Cost of charity care (line 21 minus line 22)		786,242	616,124	1,402,366
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,655,760	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			214,755	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			330,393	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,325,367	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			599,240	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,001,606	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,118,409	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0161

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

Worksheet A

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,270,896	1,270,896	62,441	1,333,337	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,029,735	1,029,735	35,752	1,065,487	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	519,582	5,607,729	6,127,311	41,834	6,169,145	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,048,335	11,156,932	12,205,267	-983,787	11,221,480	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,079,817	1,079,817	102,142	1,181,959	6.00
7.00	00700	OPERATION OF PLANT	467,244	1,181,167	1,648,411	-861,952	786,459	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,657	195,133	217,790	784	218,574	8.00
9.00	00900	HOUSEKEEPING	591,290	89,372	680,662	14,472	695,134	9.00
10.00	01000	DIETARY	481,426	198,142	679,568	-461,353	218,215	10.00
11.00	01100	CAFETERIA	0	0	0	476,136	476,136	11.00
13.00	01300	NURSING ADMINISTRATION	913,491	28,385	941,876	-17,402	924,474	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	105,881	196,363	302,244	-1,994	300,250	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,485	1,598	69,083	102	69,185	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	486,231	486,231	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	556,278	0	556,278	0	556,278	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,226,939	3,210,069	6,437,008	-655,591	5,781,417	30.00
31.00	03100	INTENSIVE CARE UNIT	1,036,917	221,259	1,258,176	7,049	1,265,225	31.00
43.00	04300	NURSERY	0	0	0	160,693	160,693	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,420,581	2,997,500	4,418,081	-2,541,485	1,876,596	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	494,404	494,404	52.00
53.00	05300	ANESTHESIOLOGY	967,554	126,067	1,093,621	43,859	1,137,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	564,345	34,083	598,428	821,057	1,419,485	54.00
54.10	03630	ULTRA SOUND	280,155	9,198	289,353	3,425	292,778	54.10
54.20	03440	MAMMOGRAPHY	135,607	6,077	141,684	1,706	143,390	54.20
56.00	05600	RADIOISOTOPE	89,217	109,088	198,305	859	199,164	56.00
57.00	05700	CT SCAN	110,659	244,041	354,700	-6,717	347,983	57.00
58.00	05800	MRI	187,832	15,715	203,547	2,396	205,943	58.00
60.00	06000	LABORATORY	1,162,761	1,251,514	2,414,275	81,014	2,495,289	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	113,576	113,576	0	113,576	63.00
64.00	06400	INTRAVENOUS THERAPY	135,532	21,798	157,330	885	158,215	64.00
65.00	06500	RESPIRATORY THERAPY	388,673	131,387	520,060	4,715	524,775	65.00
66.00	06600	PHYSICAL THERAPY	861,678	35,937	897,615	31,572	929,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	230,753	11,782	242,535	32,109	274,644	67.00
68.00	06800	SPEECH PATHOLOGY	138,502	54,852	193,354	25,529	218,883	68.00
69.00	06900	ELECTROCARDIOLOGY	241,821	12,772	254,593	11,278	265,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	177,231	103,363	280,594	2,894	283,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-21,721	-21,721	923,859	902,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,677,673	1,677,673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	564,459	1,999,525	2,563,984	116,278	2,680,262	73.00
76.00	03950	DIABETES SERVICES	67,351	465	67,816	852	68,668	76.00
76.97	07697	CARDIAC REHABILITATION	90,771	2,795	93,566	821	94,387	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,490,275	448,618	1,938,893	-41,094	1,897,799	88.00
90.00	09000	CLINIC	118,847	7,124	125,971	1,680	127,651	90.00
91.00	09100	EMERGENCY	1,885,884	2,703,123	4,589,007	-71,675	4,517,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,348,013	35,885,276	56,233,289	23,451	56,256,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,357	8,424	25,781	26	25,807	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,684	182,024	250,708	-24,328	226,380	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	817	817	192.01
192.02	19202	FUND DEVELOPMENT	20,496	86,634	107,130	31	107,161	192.02
192.03	19203	PULMONARY FUNCTION	2,242	70	2,312	3	2,315	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	20,456,792	36,162,428	56,619,220	0	56,619,220	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet A
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,967	1,338,304	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	831,437	1,896,924	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	130,241	6,299,386	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,584,122	8,637,358	5.00
6.00	00600	MAINTENANCE & REPAIRS	-8,299	1,173,660	6.00
7.00	00700	OPERATION OF PLANT	0	786,459	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	218,574	8.00
9.00	00900	HOUSEKEEPING	0	695,134	9.00
10.00	01000	DIETARY	-1,766	216,449	10.00
11.00	01100	CAFETERIA	-136,941	339,195	11.00
13.00	01300	NURSING ADMINISTRATION	568,570	1,493,044	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	300,250	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,600	57,585	16.00
17.00	01700	SOCIAL SERVICE	49,838	536,069	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-556,278	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,768,773	4,012,644	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,265,225	31.00
43.00	04300	NURSERY	0	160,693	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,876,596	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	494,404	52.00
53.00	05300	ANESTHESIOLOGY	-1,051,219	86,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-41,044	1,378,441	54.00
54.10	03630	ULTRA SOUND	0	292,778	54.10
54.20	03440	MAMMOGRAPHY	0	143,390	54.20
56.00	05600	RADIOISOTOPE	0	199,164	56.00
57.00	05700	CT SCAN	0	347,983	57.00
58.00	05800	MRI	0	205,943	58.00
60.00	06000	LABORATORY	-9,399	2,485,890	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	113,576	63.00
64.00	06400	INTRAVENOUS THERAPY	0	158,215	64.00
65.00	06500	RESPIRATORY THERAPY	0	524,775	65.00
66.00	06600	PHYSICAL THERAPY	-11,769	917,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	274,644	67.00
68.00	06800	SPEECH PATHOLOGY	0	218,883	68.00
69.00	06900	ELECTROCARDIOLOGY	0	265,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	283,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	902,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,677,673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,680,262	73.00
76.00	03950	DIABETES SERVICES	-50	68,618	76.00
76.97	07697	CARDIAC REHABILITATION	-5,035	89,352	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	-60	1,897,739	88.00
90.00	09000	CLINIC	0	127,651	90.00
91.00	09100	EMERGENCY	-2,242,753	2,274,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,844,055	49,412,685	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,807	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	226,380	192.00
192.01	19201	CARDIAC PHASE III	0	817	192.01
192.02	19202	FUND DEVELOPMENT	0	107,161	192.02
192.03	19203	PULMONARY FUNCTION	0	2,315	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,844,055	49,775,165	200.00

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 1:05 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	98,193		1.00
2.00		0.00	0	0		2.00
	0		0	98,193		
	B - CAFETERIA - DIETARY					
1.00	CAFETERIA	11.00	337,309	138,827		1.00
	0		337,309	138,827		
	C - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	20,639	3,145		1.00
2.00	SPEECH PATHOLOGY	68.00	16,454	2,507		2.00
3.00	SPEECH PATHOLOGY					3.00
	0		37,093	5,652		
	D - NON-ALLOWABLE CARDIAC PHASE III COST					
1.00	CARDIAC PHASE III	192.01	793	24		1.00
	0		793	24		
	E - IMPLANT DEVICE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,677,673		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,677,673		
	F - MED SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	940,219		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	940,219		
	G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	48,750		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	48,750		
	H - SHORT TERM DISABILITY					
1.00	HOUSEKEEPING	9.00	0	4,378		1.00
2.00	DIETARY	10.00	0	1,141		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,158		3.00
4.00	OPERATING ROOM	50.00	0	1,652		4.00
5.00	LABORATORY	60.00	0	209		5.00
6.00	RURAL HEALTH CLINIC (RHC)	88.00	0	227		6.00
7.00	CLINIC	90.00	0	3,183		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,227		8.00
	0		0	14,175		
	I - ALTERNATIVE BIRTHING CTR					
1.00	NURSERY	43.00	152,670	8,023		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	469,719	24,685		2.00
	0		622,389	32,708		
	J - HTM SERVICE COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	805,473		1.00
2.00	LABORATORY	60.00	0	57,188		2.00
3.00	OPERATION OF PLANT	7.00	0	174,286		3.00
	0		0	1,036,947		
	K - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	573,206		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	102,142		2.00
3.00	SOCIAL SERVICE	17.00	0	486,231		3.00
4.00	PHYSICAL THERAPY	66.00	0	29,515		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	7,975		5.00
6.00	SPEECH PATHOLOGY	68.00	0	6,358		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,672		7.00
	0		0	1,272,099		
	L - PHYSICIAN EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	71,332	0		1.00
	TOTALS		71,332	0		

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 1:05 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	M - OSFMG HOSPITALIST AND PALL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,685	1.00	
2.00	ADULTS & PEDIATRICS	30.00	39,507	0	2.00	
	0		39,507	22,685		
	N - OTHER BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	224,978	0	1.00	
2.00	OPERATION OF PLANT	7.00	709	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	784	0	3.00	
4.00	HOUSEKEEPING	9.00	14,472	0	4.00	
5.00	DIETARY	10.00	14,783	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	25,343	0	6.00	
7.00	CENTRAL SERVICE & SUPPLY	14.00	161	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	102	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	45,303	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	9,973	0	10.00	
11.00	OPERATING ROOM	50.00	30,077	0	11.00	
12.00	ANESTHESIOLOGY	53.00	48,260	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	16,713	0	13.00	
14.00	ULTRA SOUND	54.10	3,425	0	14.00	
15.00	MAMMOGRAPHY	54.20	1,706	0	15.00	
16.00	RADIOISOTOPE	56.00	885	0	16.00	
17.00	CT SCAN	57.00	1,668	0	17.00	
18.00	MRI	58.00	2,535	0	18.00	
19.00	LABORATORY	60.00	23,852	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	1,706	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	4,715	0	21.00	
22.00	PHYSICAL THERAPY	66.00	2,057	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	350	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	210	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	11,278	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	2,894	0	26.00	
27.00	DRUGS CHARGED TO PATIENTS	73.00	856	0	27.00	
28.00	DIABETES SERVICES	76.00	852	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	1,638	0	29.00	
30.00	RURAL HEALTH CLINIC (RHC)	88.00	21,412	0	30.00	
31.00	CLINIC	90.00	1,680	0	31.00	
32.00	EMERGENCY	91.00	36,476	0	32.00	
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	26	0	33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,144	0	34.00	
35.00	FUND DEVELOPMENT	192.02	31	0	35.00	
36.00	PULMONARY FUNCTION	192.03	3	0	36.00	
	0		554,057	0		
	O - MINISTRY OSFMG					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	206,387	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	206,387		
500.00	Grand Total: Increases		1,662,480	5,494,339	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/25/2022 1:05 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	71,721	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,472	0		2.00
	0		0	98,193			
	B - CAFETERIA - DIETARY						
1.00	DIETARY	10.00	337,309	138,827	0		1.00
	0		337,309	138,827			
	C - REHAB ADMIN						
1.00	NURSING ADMINISTRATION	13.00	37,093	5,652	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		37,093	5,652			
	D - NON-ALLOWABLE CARDIAC PHASE III COST						
1.00	CARDIAC REHABILITATION	76.97	793	24	0		1.00
	0		793	24			
	E - IMPLANT DEVICE						
1.00	OPERATING ROOM	50.00	0	1,659,158	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	2,155	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,360	0		3.00
	0		0	1,677,673			
	F - MED SUPPLIES CHARGED TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	907,143	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	4,401	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,080	0		3.00
4.00	EMERGENCY	91.00	0	27,595	0		4.00
	0		0	940,219			
	G - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	9,121	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,924	0		2.00
3.00	OPERATING ROOM	50.00	0	5,261	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49	0		4.00
5.00	RADIOISOTOPE	56.00	0	26	0		5.00
6.00	CT SCAN	57.00	0	8,385	0		6.00
7.00	MRI	58.00	0	139	0		7.00
8.00	LABORATORY	60.00	0	26	0		8.00
9.00	INTRAVENOUS THERAPY	64.00	0	821	0		9.00
10.00	EMERGENCY	91.00	0	21,998	0		10.00
	0		0	48,750			
	H - SHORT TERM DISABILITY						
1.00	HOUSEKEEPING	9.00	4,378	0	0		1.00
2.00	DIETARY	10.00	1,141	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	1,158	0	0		3.00
4.00	OPERATING ROOM	50.00	1,652	0	0		4.00
5.00	LABORATORY	60.00	209	0	0		5.00
6.00	RURAL HEALTH CLINIC (RHC)	88.00	227	0	0		6.00
7.00	CLINIC	90.00	3,183	0	0		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,227	0	0		8.00
	0		14,175	0			
	I - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	622,389	32,708	0		1.00
2.00		0.00	0	0	0		2.00
	0		622,389	32,708			
	J - HTM SERVICE COST						
1.00	OPERATION OF PLANT	7.00	0	1,036,947	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	1,036,947			
	K - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,272,099	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	1,272,099			
	L - PHYSICIAN EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	71,332	0	0		1.00
	TOTALS		71,332	0			
	M - OSFMG HOSPITALIST AND PALL						
1.00	ADULTS & PEDIATRICS	30.00	0	62,192	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	62,192			

RECLASSIFICATIONS

Provider CCN: 14-0161

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 1:05 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	N - OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	518,182	35,875	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
	0		518,182	35,875			
	O - MINISTRY OSFMG						
1.00	ADULTS & PEDIATRICS	30.00	0	85,323	0		1.00
2.00	RURAL HEALTH CLINIC (RHC)	88.00	0	62,506	0		2.00
3.00	EMERGENCY	91.00	0	58,558	0		3.00
	TOTALS		0	206,387			
500.00	Grand Total: Decreases		1,601,273	5,555,546			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 1:05 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	600,013	0	0	0	0	1.00	
2.00	Land Improvements	2,301,596	0	0	0	0	2.00	
3.00	Buildings and Fixtures	38,314,801	0	0	0	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	7,095	0	0	0	0	5.00	
6.00	Movable Equipment	22,689,630	722,823	0	722,823	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	63,913,135	722,823	0	722,823	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	63,913,135	722,823	0	722,823	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	600,013	0				1.00	
2.00	Land Improvements	2,301,596	0				2.00	
3.00	Buildings and Fixtures	38,314,801	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	7,095	0				5.00	
6.00	Movable Equipment	23,412,453	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	64,635,958	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	64,635,958	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,270,896	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,029,735	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,300,631	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,270,896				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,029,735				2.00
3.00	Total (sum of lines 1-2)	0	2,300,631				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	40,889,666	0	40,889,666	0.635899	62,441	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,412,453	0	23,412,453	0.364101	35,752	2.00
3.00	Total (sum of lines 1-2)	64,302,119	0	64,302,119	1.000000	98,193	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	62,441	1,275,863	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	35,752	1,861,172	0	2.00
3.00	Total (sum of lines 1-2)	0	0	98,193	3,137,035	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	62,441	0	0	1,338,304	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	35,752	0	0	1,896,924	2.00
3.00	Total (sum of lines 1-2)	0	98,193	0	0	3,235,228	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0161

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,005,085			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	675,677			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-132,019	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-11,600	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-4,922	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-42,873	ADMINISTRATIVE & GENERAL	5.00	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	388,712	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	256,162	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	-556,278	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUES - DIETARY	B	-1,701	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0161

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 1:05 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
34.00 LOBBYING DUES	A	-18,976	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 EMPLOYEE HEALTH	A	-6,431	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 MEDICAL TRANSPORTATION SERVICES	B	-52,567	EMERGENCY	91.00	0	36.00
37.00 LAB NON PATIENT CARE	B	-480	LABORATORY	60.00	0	37.00
38.00 CARDIAC REHAB	B	-5,035	CARDIAC REHABILITATION	76.97	0	38.00
39.00 CRNA PART B BENEFITS	A	-89,961	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
39.01 EMPLOYEE BENEFIT PART B - SALARIED	A	-81,947	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.01
40.00 HOSPITAL ADMIN - FARM INCOME	B	-52,084	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 RENTAL INCOME AND OTHER	B	-15,375	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 PENSION COST	A	308,580	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00 OTHER REVENUE - RHC	B	-60	RURAL HEALTH CLINIC (RHC)	88.00	0	43.00
44.00 DIABETES SERVICES	B	-50	DIABETES SERVICES	76.00	0	44.00
45.00 OTHER REVENUE - PT	B	-11,769	PHYSICAL THERAPY	66.00	0	45.00
46.00 MEDICAID ASSESSMENT TAX EXPENSE	A	-2,372,452	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00 REVENUE CYCLE ADMINISTRATION	B	-35	ADMINISTRATIVE & GENERAL	5.00	0	47.00
49.00 RECRUITING	A	-132	ADMINISTRATIVE & GENERAL	5.00	0	49.00
49.01 RECRUITING	A	-1,800	ADULTS & PEDIATRICS	30.00	0	49.01
49.02 RECRUITING	A	-65	DIETARY	10.00	0	49.02
49.03 RECRUITING	A	-1,000	LABORATORY	60.00	0	49.03
49.04 MARKETING AND ADVERTISING	A	-419	ADULTS & PEDIATRICS	30.00	0	49.04
49.05 OUTSIDE TRAINING SESSION	A	-8,070	ADULTS & PEDIATRICS	30.00	0	49.05
49.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.06
49.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.07
49.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.08
49.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.09
49.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.10
49.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,844,055				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: 14-0161

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 1:05 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	139,379	523,124	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	575,275	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	573,206	573,206	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	3,662,002	5,682,911	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	102,142	102,142	3.02
3.03	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED REHAB	29,515	29,515	3.03
3.04	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED REHAB	7,975	7,975	3.04
3.05	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED REHAB	6,358	6,358	3.05
3.07	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	269,083	269,083	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - MINISTRY ALLO	206,387	206,387	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	3,378,385	1,726,459	3.09
3.10	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	568,570	0	3.10
4.00	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	536,069	486,231	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - CARE HUB	286,788	0	4.01
4.02	60.00	LABORATORY	SYSTEMS LAB	844,337	844,337	4.02
4.03	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION - EICU	136,470	136,470	4.03
4.04	6.00	MAINTENANCE & REPAIRS	PCI HTM - ENGINEERING	165,987	174,286	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTM - IMAGING	767,117	805,473	4.05
4.06	60.00	LABORATORY	PCI HTM - LABORATORY	54,465	57,188	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	SFI / PCI CREDENTIALING	75,192	75,192	4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI EQUIP TECH	4,739	7,427	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,389,441	11,713,764	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		
Symbol (1)	Name	Percentage of Ownership	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	OSF HEALTHCARE SYSTEM	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0161

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 1:05 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-383,745	9		1.00
2.00	575,275	9		2.00
3.00	0	0		3.00
3.01	-2,020,909	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
3.07	0	0		3.07
3.08	0	0		3.08
3.09	1,651,926	0		3.09
3.10	568,570	11		3.10
4.00	49,838	11		4.00
4.01	286,788	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	-8,299	0		4.04
4.05	-38,356	0		4.05
4.06	-2,723	0		4.06
4.07	0	0		4.07
4.08	-2,688	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
5.00	675,677			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	CATHOLIC SYSTEM	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0161

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 1:05 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,758,484	1,758,484	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,109,688	1,001,799	107,889	239,400	508	2.00
3.00	60.00	LABORATORY	5,196	5,196	0	0	0	3.00
4.00	91.00	EMERGENCY	2,190,186	2,190,186	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,063,554	4,955,665	107,889		508	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	58,469	2,923	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			58,469	2,923	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	30.00	ADULTS & PEDIATRICS	0	0	0	1,758,484		1.00
2.00	53.00	ANESTHESIOLOGY	0	58,469	49,420	1,051,219		2.00
3.00	60.00	LABORATORY	0	0	0	5,196		3.00
4.00	91.00	EMERGENCY	0	0	0	2,190,186		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	58,469	49,420	5,005,085		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:05 am

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	1,338,304	1,338,304				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,896,924		1,896,924			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,299,386	0	0	6,299,386		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,637,358	312,129	807,185	420,108	10,176,780	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,173,660	8,267	2,830	0	1,184,757	6.00
7.00	00700	OPERATION OF PLANT	786,459	78,386	41,354	154,393	1,060,592	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	218,574	5,365	0	7,734	231,673	8.00
9.00	00900	HOUSEKEEPING	695,134	22,974	16,157	198,416	932,681	9.00
10.00	01000	DIETARY	216,449	9,272	7,837	52,050	285,608	10.00
11.00	01100	CAFETERIA	339,195	21,707	2,357	111,289	474,548	11.00
13.00	01300	NURSING ADMINISTRATION	1,493,044	2,234	53,280	309,752	1,858,310	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	300,250	0	0	34,987	335,237	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,585	13,671	0	22,299	93,555	16.00
17.00	01700	SOCIAL SERVICE	536,069	0	0	0	536,069	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,012,644	98,535	112,400	886,924	5,110,503	30.00
31.00	03100	INTENSIVE CARE UNIT	1,265,225	21,331	54,982	345,404	1,686,942	31.00
43.00	04300	NURSERY	160,693	6,233	800	50,371	218,097	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,876,596	111,392	223,754	478,075	2,689,817	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	494,404	19,190	2,461	154,976	671,031	52.00
53.00	05300	ANESTHESIOLOGY	86,261	0	53,464	48,971	188,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,378,441	34,710	80,224	191,710	1,685,085	54.00
54.10	03630	ULTRA SOUND	292,778	2,211	38,445	93,562	426,996	54.10
54.20	03440	MAMMOGRAPHY	143,390	3,454	40,887	45,304	233,035	54.20
56.00	05600	RADIOISOTOPE	199,164	376	552	29,728	229,820	56.00
57.00	05700	CT SCAN	347,983	5,542	138,474	37,060	529,059	57.00
58.00	05800	MRI	205,943	9,464	51,809	62,808	330,024	58.00
60.00	06000	LABORATORY	2,485,890	17,117	45,506	391,434	2,939,947	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	113,576	0	0	0	113,576	63.00
64.00	06400	INTRAVENOUS THERAPY	158,215	0	0	45,279	203,494	64.00
65.00	06500	RESPIRATORY THERAPY	524,775	3,208	4,883	129,792	662,658	65.00
66.00	06600	PHYSICAL THERAPY	917,418	40,536	4,429	272,736	1,235,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	274,644	10,953	1,816	83,058	370,471	67.00
68.00	06800	SPEECH PATHOLOGY	218,883	8,735	2,094	51,194	280,906	68.00
69.00	06900	ELECTROCARDIOLOGY	265,871	1,781	25,745	83,506	376,903	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	283,488	0	18,324	59,429	361,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	902,138	16,902	0	0	919,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,677,673	0	0	0	1,677,673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,680,262	7,814	12,059	186,516	2,886,651	73.00
76.00	03950	DIABETES SERVICES	68,618	791	0	22,502	91,911	76.00
76.97	07697	CARDIAC REHABILITATION	89,352	10,385	12,773	30,227	142,737	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,897,739	135,363	0	498,681	2,531,783	88.00
90.00	09000	CLINIC	127,651	35,217	0	38,716	201,584	90.00
91.00	09100	EMERGENCY	2,274,579	47,951	35,928	634,250	2,992,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,412,685	1,123,196	1,892,809	6,263,241	49,157,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,807	40,951	0	5,735	72,493	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	226,380	158,091	4,115	22,634	411,220	192.00
192.01	19201	CARDIAC PHASE III	817	77	0	262	1,156	192.01
192.02	19202	FUND DEVELOPMENT	107,161	15,989	0	6,773	129,923	192.02
192.03	19203	PULMONARY FUNCTION	2,315	0	0	741	3,056	192.03
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)	49,775,165	1,338,304	1,896,924	6,299,386	49,775,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,176,780					5.00
6.00	00600	MAINTENANCE & REPAIRS	304,483	1,489,240				6.00
7.00	00700	OPERATION OF PLANT	272,572	114,681	1,447,845			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,540	7,850	8,268	307,331		8.00
9.00	00900	HOUSEKEEPING	239,699	33,612	35,404	0	1,241,396	9.00
10.00	01000	DIETARY	73,401	13,566	14,289	0	12,633	10.00
11.00	01100	CAFETERIA	121,959	31,759	33,452	0	29,574	11.00
13.00	01300	NURSING ADMINISTRATION	477,586	3,268	3,442	0	3,043	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	86,156	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,044	20,001	21,067	0	18,625	16.00
17.00	01700	SOCIAL SERVICE	137,770	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,313,394	144,160	151,846	98,395	134,244	30.00
31.00	03100	INTENSIVE CARE UNIT	433,544	31,208	32,872	16,692	29,062	31.00
43.00	04300	NURSERY	56,051	9,119	9,605	2,617	8,492	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	691,283	162,971	171,660	63,143	151,760	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,455	28,075	29,572	8,049	26,144	52.00
53.00	05300	ANESTHESIOLOGY	48,495	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	433,067	50,782	53,490	32,775	47,289	54.00
54.10	03630	ULTRA SOUND	109,738	3,234	3,407	0	3,012	54.10
54.20	03440	MAMMOGRAPHY	59,890	5,054	5,323	0	4,706	54.20
56.00	05600	RADIOISOTOPE	59,064	550	580	0	512	56.00
57.00	05700	CT SCAN	135,968	8,108	8,540	0	7,550	57.00
58.00	05800	MRI	84,816	13,847	14,585	0	12,894	58.00
60.00	06000	LABORATORY	755,566	25,043	26,378	0	23,320	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,189	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	52,298	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	170,303	4,694	4,944	0	4,371	65.00
66.00	06600	PHYSICAL THERAPY	317,426	59,306	62,468	5,329	55,226	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,211	16,025	16,880	0	14,923	67.00
68.00	06800	SPEECH PATHOLOGY	72,193	12,780	13,461	0	11,901	68.00
69.00	06900	ELECTROCARDIOLOGY	96,864	2,605	2,744	0	2,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,839	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	236,193	24,729	26,047	0	23,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	431,162	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	741,869	11,432	12,042	0	10,646	73.00
76.00	03950	DIABETES SERVICES	23,621	1,157	1,218	0	1,077	76.00
76.97	07697	CARDIAC REHABILITATION	36,683	15,194	16,004	0	14,149	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	650,668	198,042	208,601	0	184,419	88.00
90.00	09000	CLINIC	51,807	51,523	54,271	0	47,979	90.00
91.00	09100	EMERGENCY	769,126	70,154	73,895	78,366	65,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,017,993	1,174,529	1,116,355	305,366	948,333	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,631	59,912	63,107	0	55,791	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,684	231,295	243,626	1,965	215,384	192.00
192.01	19201	CARDIAC PHASE III	297	112	118	0	105	192.01
192.02	19202	FUND DEVELOPMENT	33,390	23,392	24,639	0	21,783	192.02
192.03	19203	PULMONARY FUNCTION	785	0	0	0	0	192.03
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)	10,176,780	1,489,240	1,447,845	307,331	1,241,396	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	399,497					10.00
11.00	01100	CAFETERIA	0	691,292				11.00
13.00	01300	NURSING ADMINISTRATION	0	32,606	2,378,255			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	7,853	0	429,246		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,089	0	5	182,386	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	309,672	123,014	925,587	21,063	12,103	30.00
31.00	03100	INTENSIVE CARE UNIT	60,859	43,004	323,577	5,391	3,498	31.00
43.00	04300	NURSERY	2,736	6,377	48,690	0	352	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,795	61,537	463,029	0	23,748	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,435	0	0	0	1,082	52.00
53.00	05300	ANESTHESIOLOGY	0	14,355	0	2,983	3,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,632	0	732	6,353	54.00
54.10	03630	ULTRA SOUND	0	10,460	0	115	4,199	54.10
54.20	03440	MAMMOGRAPHY	0	6,220	0	118	2,393	54.20
56.00	05600	RADIOISOTOPE	0	3,455	0	115	2,409	56.00
57.00	05700	CT SCAN	0	4,680	0	7,261	19,182	57.00
58.00	05800	MRI	0	8,104	0	1,573	6,482	58.00
60.00	06000	LABORATORY	0	67,222	0	6,608	33,219	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	523	63.00
64.00	06400	INTRAVENOUS THERAPY	0	5,780	0	1,893	503	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,402	0	8,570	2,159	65.00
66.00	06600	PHYSICAL THERAPY	0	33,140	0	1,191	3,381	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,460	0	427	1,764	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,000	0	6,228	678	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,397	0	775	5,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,073	0	946	1,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	124,989	2,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	213,894	8,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,963	0	880	15,519	73.00
76.00	03950	DIABETES SERVICES	0	2,984	22,454	9	113	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,900	0	130	467	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	62,228	0	4,021	2,966	88.00
90.00	09000	CLINIC	0	6,471	0	161	390	90.00
91.00	09100	EMERGENCY	0	79,065	594,918	18,707	18,160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,497	683,471	2,378,255	428,785	182,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	565	0	177	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,780	0	284	0	192.00
192.01	19201	CARDIAC PHASE III	0	31	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	1,288	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	157	0	0	0	192.03
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	399,497	691,292	2,378,255	429,246	182,386	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	673,839					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	528,465	0	8,872,446	0	8,872,446	30.00
31.00	03100	INTENSIVE CARE UNIT	117,945	0	2,784,594	0	2,784,594	31.00
43.00	04300	NURSERY	27,429	0	389,565	0	389,565	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,496,743	0	4,496,743	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	944,843	0	944,843	52.00
53.00	05300	ANESTHESIOLOGY	0	0	257,703	0	257,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,335,205	0	2,335,205	54.00
54.10	03630	ULTRA SOUND	0	0	561,161	0	561,161	54.10
54.20	03440	MAMMOGRAPHY	0	0	316,739	0	316,739	54.20
56.00	05600	RADIOISOTOPE	0	0	296,505	0	296,505	56.00
57.00	05700	CT SCAN	0	0	720,348	0	720,348	57.00
58.00	05800	MRI	0	0	472,325	0	472,325	58.00
60.00	06000	LABORATORY	0	0	3,877,303	0	3,877,303	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	143,288	0	143,288	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	263,968	0	263,968	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	875,101	0	875,101	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,772,586	0	1,772,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	526,161	0	526,161	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	404,147	0	404,147	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	498,136	0	498,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	464,783	0	464,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,356,280	0	1,356,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,330,938	0	2,330,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,696,002	0	3,696,002	73.00
76.00	03950	DIABETES SERVICES	0	0	144,544	0	144,544	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	230,264	0	230,264	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	3,842,728	0	3,842,728	88.00
90.00	09000	CLINIC	0	0	414,186	0	414,186	90.00
91.00	09100	EMERGENCY	0	0	4,760,427	0	4,760,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	673,839	0	48,049,019	0	48,049,019	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	270,676	0	270,676	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,215,238	0	1,215,238	192.00
192.01	19201	CARDIAC PHASE III	0	0	1,819	0	1,819	192.01
192.02	19202	FUND DEVELOPMENT	0	0	234,415	0	234,415	192.02
192.03	19203	PULMONARY FUNCTION	0	0	3,998	0	3,998	192.03
200.00		Cross Foot Adjustments		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)	673,839	0	49,775,165	0	49,775,165	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:05 am

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	34,364	312,129	807,185	1,153,678	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	8,267	2,830	11,097	0 6.00
7.00	00700	OPERATION OF PLANT	84,407	78,386	41,354	204,147	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,365	0	5,365	0 8.00
9.00	00900	HOUSEKEEPING	3,294	22,974	16,157	42,425	0 9.00
10.00	01000	DIETARY	0	9,272	7,837	17,109	0 10.00
11.00	01100	CAFETERIA	0	21,707	2,357	24,064	0 11.00
13.00	01300	NURSING ADMINISTRATION	276	2,234	53,280	55,790	0 13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,164	0	0	2,164	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	268	13,671	0	13,939	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,196	98,535	112,400	255,131	0 30.00
31.00	03100	INTENSIVE CARE UNIT	6,186	21,331	54,982	82,499	0 31.00
43.00	04300	NURSEY	0	6,233	800	7,033	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,327	111,392	223,754	337,473	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,190	2,461	21,651	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	53,464	53,464	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	249	34,710	80,224	115,183	0 54.00
54.10	03630	ULTRA SOUND	0	2,211	38,445	40,656	0 54.10
54.20	03440	MAMMOGRAPHY	0	3,454	40,887	44,341	0 54.20
56.00	05600	RADIOISOTOPE	0	376	552	928	0 56.00
57.00	05700	CT SCAN	0	5,542	138,474	144,016	0 57.00
58.00	05800	MRI	0	9,464	51,809	61,273	0 58.00
60.00	06000	LABORATORY	0	17,117	45,506	62,623	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	912	0	0	912	0 64.00
65.00	06500	RESPIRATORY THERAPY	41,261	3,208	4,883	49,352	0 65.00
66.00	06600	PHYSICAL THERAPY	859	40,536	4,429	45,824	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,953	1,816	12,769	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	8,735	2,094	10,829	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,781	25,745	27,526	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,404	0	18,324	84,728	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,902	0	16,902	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	30,027	7,814	12,059	49,900	0 73.00
76.00	03950	DIABETES SERVICES	0	791	0	791	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	10,385	12,773	23,158	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,912	135,363	0	137,275	0 88.00
90.00	09000	CLINIC	0	35,217	0	35,217	0 90.00
91.00	09100	EMERGENCY	3,125	47,951	35,928	87,004	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	322,231	1,123,196	1,892,809	3,338,236	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,951	0	40,951	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,450	158,091	4,115	250,656	0 192.00
192.01	19201	CARDIAC PHASE III	0	77	0	77	0 192.01
192.02	19202	FUND DEVELOPMENT	0	15,989	0	15,989	0 192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0 192.03
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)	410,681	1,338,304	1,896,924	3,645,909	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,153,678					5.00
6.00	00600	MAINTENANCE & REPAIRS	34,517	45,614				6.00
7.00	00700	OPERATION OF PLANT	30,899	3,513	238,559			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,750	240	1,362	13,717		8.00
9.00	00900	HOUSEKEEPING	27,173	1,029	5,833	0	76,460	9.00
10.00	01000	DIETARY	8,321	416	2,354	0	778	10.00
11.00	01100	CAFETERIA	13,825	973	5,512	0	1,822	11.00
13.00	01300	NURSING ADMINISTRATION	54,140	100	567	0	187	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,767	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,726	613	3,471	0	1,147	16.00
17.00	01700	SOCIAL SERVICE	15,618	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,908	4,415	25,019	4,391	8,268	30.00
31.00	03100	INTENSIVE CARE UNIT	49,147	956	5,416	745	1,790	31.00
43.00	04300	NURSERY	6,354	279	1,583	117	523	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,365	4,992	28,284	2,818	9,347	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,550	860	4,873	359	1,610	52.00
53.00	05300	ANESTHESIOLOGY	5,497	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,093	1,555	8,813	1,463	2,913	54.00
54.10	03630	ULTRA SOUND	12,440	99	561	0	186	54.10
54.20	03440	MAMMOGRAPHY	6,789	155	877	0	290	54.20
56.00	05600	RADIOISOTOPE	6,696	17	96	0	32	56.00
57.00	05700	CT SCAN	15,414	248	1,407	0	465	57.00
58.00	05800	MRI	9,615	424	2,403	0	794	58.00
60.00	06000	LABORATORY	85,652	767	4,346	0	1,436	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,309	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,929	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,306	144	815	0	269	65.00
66.00	06600	PHYSICAL THERAPY	35,984	1,816	10,293	238	3,401	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,793	491	2,781	0	919	67.00
68.00	06800	SPEECH PATHOLOGY	8,184	391	2,218	0	733	68.00
69.00	06900	ELECTROCARDIOLOGY	10,981	80	452	0	149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,524	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,775	757	4,292	0	1,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,877	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,100	350	1,984	0	656	73.00
76.00	03950	DIABETES SERVICES	2,678	35	201	0	66	76.00
76.97	07697	CARDIAC REHABILITATION	4,158	465	2,637	0	871	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	73,761	6,066	34,371	0	11,359	88.00
90.00	09000	CLINIC	5,873	1,578	8,942	0	2,955	90.00
91.00	09100	EMERGENCY	87,190	2,149	12,175	3,498	4,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,135,678	35,973	183,938	13,629	58,408	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,112	1,835	10,398	0	3,436	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,980	7,087	40,144	88	13,268	192.00
192.01	19201	CARDIAC PHASE III	34	3	19	0	6	192.01
192.02	19202	FUND DEVELOPMENT	3,785	716	4,060	0	1,342	192.02
192.03	19203	PULMONARY FUNCTION	89	0	0	0	0	192.03
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)	1,153,678	45,614	238,559	13,717	76,460	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	28,978					10.00
11.00	01100	CAFETERIA	0	46,196				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,179	112,963			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	525	0	12,456		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	340	0	0	22,236	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,463	8,221	43,963	611	1,473	30.00
31.00	03100	INTENSIVE CARE UNIT	4,414	2,874	15,369	156	426	31.00
43.00	04300	NURSERY	198	426	2,313	0	43	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,291	4,112	21,993	0	2,889	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	612	0	0	0	132	52.00
53.00	05300	ANESTHESIOLOGY	0	959	0	87	386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,713	0	21	773	54.00
54.10	03630	ULTRA SOUND	0	699	0	3	511	54.10
54.20	03440	MAMMOGRAPHY	0	416	0	3	291	54.20
56.00	05600	RADIOISOTOPE	0	231	0	3	293	56.00
57.00	05700	CT SCAN	0	313	0	211	2,334	57.00
58.00	05800	MRI	0	542	0	46	789	58.00
60.00	06000	LABORATORY	0	4,492	0	192	4,085	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	64	63.00
64.00	06400	INTRAVENOUS THERAPY	0	386	0	55	61	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,163	0	249	263	65.00
66.00	06600	PHYSICAL THERAPY	0	2,215	0	35	411	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	699	0	12	215	67.00
68.00	06800	SPEECH PATHOLOGY	0	401	0	181	82	68.00
69.00	06900	ELECTROCARDIOLOGY	0	695	0	22	660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	539	0	27	295	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,627	274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,207	999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,134	0	26	1,888	73.00
76.00	03950	DIABETES SERVICES	0	199	1,067	0	14	76.00
76.97	07697	CARDIAC REHABILITATION	0	327	0	4	57	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	4,158	0	117	361	88.00
90.00	09000	CLINIC	0	432	0	5	47	90.00
91.00	09100	EMERGENCY	0	5,284	28,258	543	2,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,978	45,674	112,963	12,443	22,236	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38	0	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	386	0	8	0	192.00
192.01	19201	CARDIAC PHASE III	0	2	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	86	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	10	0	0	0	192.03
200.00		Cross Foot Adjustments	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)	28,978	46,196	112,963	12,456	22,236	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	15,618					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,248		535,111	0	535,111	30.00
31.00	03100	INTENSIVE CARE UNIT	2,734		166,526	0	166,526	31.00
43.00	04300	NURSERY	636		19,505	0	19,505	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		491,564	0	491,564	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		49,647	0	49,647	52.00
53.00	05300	ANESTHESIOLOGY	0		60,393	0	60,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		181,527	0	181,527	54.00
54.10	03630	ULTRA SOUND	0		55,155	0	55,155	54.10
54.20	03440	MAMMOGRAPHY	0		53,162	0	53,162	54.20
56.00	05600	RADIOISOTOPE	0		8,296	0	8,296	56.00
57.00	05700	CT SCAN	0		164,408	0	164,408	57.00
58.00	05800	MRI	0		75,886	0	75,886	58.00
60.00	06000	LABORATORY	0		163,593	0	163,593	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		3,373	0	3,373	63.00
64.00	06400	INTRAVENOUS THERAPY	0		7,343	0	7,343	64.00
65.00	06500	RESPIRATORY THERAPY	0		71,561	0	71,561	65.00
66.00	06600	PHYSICAL THERAPY	0		100,217	0	100,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		28,679	0	28,679	67.00
68.00	06800	SPEECH PATHOLOGY	0		23,019	0	23,019	68.00
69.00	06900	ELECTROCARDIOLOGY	0		40,565	0	40,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		96,023	0	96,023	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		54,045	0	54,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		56,083	0	56,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		140,038	0	140,038	73.00
76.00	03950	DIABETES SERVICES	0		5,051	0	5,051	76.00
76.97	07697	CARDIAC REHABILITATION	0		31,677	0	31,677	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0		267,468	0	267,468	88.00
90.00	09000	CLINIC	0		55,049	0	55,049	90.00
91.00	09100	EMERGENCY	0		232,335	0	232,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,618	0	3,237,299	0	3,237,299	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		58,775	0	58,775	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		323,617	0	323,617	192.00
192.01	19201	CARDIAC PHASE III	0		141	0	141	192.01
192.02	19202	FUND DEVELOPMENT	0		25,978	0	25,978	192.02
192.03	19203	PULMONARY FUNCTION	0		99	0	99	192.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,618	0	3,645,909	0	3,645,909	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0161

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	174,353				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,852,291			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	19,092,934		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,664	788,195	1,273,313	-10,176,780	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,077	2,763	0	0	6.00
7.00	00700	OPERATION OF PLANT	10,212	40,381	467,953	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	699	0	23,441	0	8.00
9.00	00900	HOUSEKEEPING	2,993	15,777	601,384	0	9.00
10.00	01000	DIETARY	1,208	7,653	157,759	0	10.00
11.00	01100	CAFETERIA	2,828	2,302	337,309	0	11.00
13.00	01300	NURSING ADMINISTRATION	291	52,026	938,834	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	106,042	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	0	67,587	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,837	109,755	2,688,202	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,779	53,688	1,046,890	0	31.00
43.00	04300	NURSERY	812	781	152,670	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,512	218,489	1,449,006	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,500	2,403	469,719	0	52.00
53.00	05300	ANESTHESIOLOGY	0	52,206	148,427	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522	78,336	581,058	0	54.00
54.10	03630	ULTRA SOUND	288	37,540	283,580	0	54.10
54.20	03440	MAMMOGRAPHY	450	39,925	137,313	0	54.20
56.00	05600	RADIOISOTOPE	49	539	90,102	0	56.00
57.00	05700	CT SCAN	722	135,216	112,327	0	57.00
58.00	05800	MRI	1,233	50,590	190,367	0	58.00
60.00	06000	LABORATORY	2,230	44,435	1,186,404	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	137,238	0	64.00
65.00	06500	RESPIRATORY THERAPY	418	4,768	393,388	0	65.00
66.00	06600	PHYSICAL THERAPY	5,281	4,325	826,642	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,427	1,773	251,742	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,138	2,045	155,166	0	68.00
69.00	06900	ELECTROCARDIOLOGY	232	25,139	253,099	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,893	180,125	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,202	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	1,018	11,775	565,315	0	73.00
76.00	03950	DIABETES SERVICES	103	0	68,203	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,353	12,472	91,616	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	17,635	0	1,511,460	0	88.00
90.00	09000	CLINIC	4,588	0	117,344	0	90.00
91.00	09100	EMERGENCY	6,247	35,083	1,922,360	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,329	1,848,273	18,983,385	-10,176,780	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,335	0	17,383	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,596	4,018	68,601	0	192.00
192.01	19201	CARDIAC PHASE III	10	0	793	0	192.01
192.02	19202	FUND DEVELOPMENT	2,083	0	20,527	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	2,245	0	192.03
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)	1,338,304	1,896,924	6,299,386	10,176,780	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.675830	1.024096	0.329933	0.257000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	1,153,678	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.029134	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0161

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0161

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	132,612					6.00
7.00	00700	OPERATION OF PLANT	10,212	122,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	699	699	245,356			8.00
9.00	00900	HOUSEKEEPING	2,993	2,993	0	118,708		9.00
10.00	01000	DIETARY	1,208	1,208	0	1,208	21,170	10.00
11.00	01100	CAFETERIA	2,828	2,828	0	2,828	0	11.00
13.00	01300	NURSING ADMINISTRATION	291	291	0	291	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	1,781	0	1,781	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,837	12,837	78,553	12,837	16,410	30.00
31.00	03100	INTENSIVE CARE UNIT	2,779	2,779	13,326	2,779	3,225	31.00
43.00	04300	NURSERY	812	812	2,089	812	145	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,512	14,512	50,410	14,512	943	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,500	2,500	6,426	2,500	447	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522	4,522	26,166	4,522	0	54.00
54.10	03630	ULTRA SOUND	288	288	0	288	0	54.10
54.20	03440	MAMMOGRAPHY	450	450	0	450	0	54.20
56.00	05600	RADIOISOTOPE	49	49	0	49	0	56.00
57.00	05700	CT SCAN	722	722	0	722	0	57.00
58.00	05800	MRI	1,233	1,233	0	1,233	0	58.00
60.00	06000	LABORATORY	2,230	2,230	0	2,230	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	418	418	0	418	0	65.00
66.00	06600	PHYSICAL THERAPY	5,281	5,281	4,254	5,281	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,427	1,427	0	1,427	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,138	1,138	0	1,138	0	68.00
69.00	06900	ELECTROCARDIOLOGY	232	232	0	232	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,202	2,202	0	2,202	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	1,018	1,018	0	1,018	0	73.00
76.00	03950	DIABETES SERVICES	103	103	0	103	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,353	1,353	0	1,353	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	17,635	17,635	0	17,635	0	88.00
90.00	09000	CLINIC	4,588	4,588	0	4,588	0	90.00
91.00	09100	EMERGENCY	6,247	6,247	62,563	6,247	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,588	94,376	243,787	90,684	21,170	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,335	5,335	0	5,335	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,596	20,596	1,569	20,596	0	192.00
192.01	19201	CARDIAC PHASE III	10	10	0	10	0	192.01
192.02	19202	FUND DEVELOPMENT	2,083	2,083	0	2,083	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	1,489,240	1,447,845	307,331	1,241,396	399,497	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.230055	11.828799	1.252592	10.457560	18.870902	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	45,614	238,559	13,717	76,460	28,978	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.343966	1.949011	0.055907	0.644101	1.368824	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: 14-0161

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
			11.00	13.00	14.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	22,007					11.00
13.00	01300	NURSING ADMINISTRATION	1,038	10,062				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	250	0	3,366,800			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	162	0	38	231,040,794		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	6,633	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,916	3,916	165,208	15,340,024	5,202	30.00
31.00	03100	INTENSIVE CARE UNIT	1,369	1,369	42,284	4,433,148	1,161	31.00
43.00	04300	NURSERY	203	206	0	445,691	270	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,959	1,959	0	30,098,607	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,371,258	0	52.00
53.00	05300	ANESTHESIOLOGY	457	0	23,401	4,022,709	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	816	0	5,742	8,052,021	0	54.00
54.10	03630	ULTRA SOUND	333	0	900	5,322,093	0	54.10
54.20	03440	MAMMOGRAPHY	198	0	929	3,033,098	0	54.20
56.00	05600	RADIOISOTOPE	110	0	905	3,052,937	0	56.00
57.00	05700	CT SCAN	149	0	56,951	24,311,741	0	57.00
58.00	05800	MRI	258	0	12,340	8,216,023	0	58.00
60.00	06000	LABORATORY	2,140	0	51,827	41,979,230	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	663,466	0	63.00
64.00	06400	INTRAVENOUS THERAPY	184	0	14,848	638,012	0	64.00
65.00	06500	RESPIRATORY THERAPY	554	0	67,222	2,736,960	0	65.00
66.00	06600	PHYSICAL THERAPY	1,055	0	9,340	4,284,804	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	333	0	3,350	2,236,305	0	67.00
68.00	06800	SPEECH PATHOLOGY	191	0	48,853	859,277	0	68.00
69.00	06900	ELECTROCARDIOLOGY	331	0	6,080	6,871,409	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	257	0	7,422	2,134,764	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	980,349	2,857,170	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,677,673	10,404,444	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	540	0	6,899	19,669,721	0	73.00
76.00	03950	DIABETES SERVICES	95	95	74	142,704	0	76.00
76.97	07697	CARDIAC REHABILITATION	156	0	1,022	592,262	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,981	0	31,538	3,759,628	0	88.00
90.00	09000	CLINIC	206	0	1,265	494,726	0	90.00
91.00	09100	EMERGENCY	2,517	2,517	146,727	23,016,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,758	10,062	3,363,187	231,040,794	6,633	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	1,387	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	184	0	2,226	0	0	192.00
192.01	19201	CARDIAC PHASE III	1	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	41	0	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	5	0	0	0	0	192.03
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)	691,292	2,378,255	429,246	182,386	673,839	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.412369	236.360068	0.127494	0.000789	101.588874	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,196	112,963	12,456	22,236	15,618	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.099150	11.226694	0.003700	0.000096	2.354591	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: 14-0161

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			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
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
43.00	04300	NURSERY	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.10	03630	ULTRA SOUND	0		54.10
54.20	03440	MAMMOGRAPHY	0		54.20
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
76.00	03950	DIABETES SERVICES	0		76.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0		88.00
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
192.01	19201	CARDIAC PHASE III	0		192.01
192.02	19202	FUND DEVELOPMENT	0		192.02
192.03	19203	PULMONARY FUNCTION	0		192.03
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		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	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

Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:05 am

MCRIF32 - 17.2.173.3

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:05 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS			6.00	7.00	8.00	9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	10,891,391		10,891,391			30.00
31.00	03100	INTENSIVE CARE UNIT	4,433,148		4,433,148			31.00
43.00	04300	NURSERY	445,691		445,691			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,377,023	21,721,584	30,098,607	0.149400	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	804,536	566,722	1,371,258	0.689034	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,199,276	2,823,433	4,022,709	0.064062	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,024,862	7,027,159	8,052,021	0.290015	0.000000	54.00
54.10	03630	ULTRA SOUND	359,961	4,962,132	5,322,093	0.105440	0.000000	54.10
54.20	03440	MAMMOGRAPHY	1,928	3,031,170	3,033,098	0.104428	0.000000	54.20
56.00	05600	RADIOISOTOPE	214,134	2,838,803	3,052,937	0.097121	0.000000	56.00
57.00	05700	CT SCAN	3,514,342	20,797,399	24,311,741	0.029630	0.000000	57.00
58.00	05800	MRI	717,457	7,498,566	8,216,023	0.057488	0.000000	58.00
60.00	06000	LABORATORY	8,349,436	33,629,794	41,979,230	0.092362	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	278,555	384,911	663,466	0.215969	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	821	637,191	638,012	0.413735	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,695,277	1,041,683	2,736,960	0.319735	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	639,570	3,645,234	4,284,804	0.413691	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	526,038	1,710,267	2,236,305	0.235281	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	87,609	771,668	859,277	0.470334	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,219	5,729,190	6,871,409	0.072494	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,134,764	2,134,764	0.217721	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,352,777	1,504,393	2,857,170	0.474693	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,964,076	4,440,368	10,404,444	0.224033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,671,571	11,998,150	19,669,721	0.187903	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	142,704	142,704	1.012894	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	21,291	570,971	592,262	0.388787	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	3,759,628	3,759,628			88.00
90.00	09000	CLINIC	0	494,726	494,726	0.837203	0.000000	90.00
91.00	09100	EMERGENCY	3,605,733	19,410,829	23,016,562	0.206826	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,624,751	2,823,882	4,448,633	0.424595	0.000000	92.00
200.00		Subtotal (see instructions)	64,943,473	166,097,321	231,040,794			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	64,943,473	166,097,321	231,040,794			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.149400			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.689034			52.00
53.00	05300	ANESTHESIOLOGY	0.076347			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290015			54.00
54.10	03630	ULTRA SOUND	0.105440			54.10
54.20	03440	MAMMOGRAPHY	0.104428			54.20
56.00	05600	RADIOISOTOPE	0.097121			56.00
57.00	05700	CT SCAN	0.029630			57.00
58.00	05800	MRI	0.057488			58.00
60.00	06000	LABORATORY	0.092362			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215969			63.00
64.00	06400	INTRAVENOUS THERAPY	0.413735			64.00
65.00	06500	RESPIRATORY THERAPY	0.319735			65.00
66.00	06600	PHYSICAL THERAPY	0.413691			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.235281			67.00
68.00	06800	SPEECH PATHOLOGY	0.470334			68.00
69.00	06900	ELECTROCARDIOLOGY	0.072494			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.217721			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.474693			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224033			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187903			73.00
76.00	03950	DIABETES SERVICES	1.012894			76.00
76.97	07697	CARDIAC REHABILITATION	0.388787			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)				88.00
90.00	09000	CLINIC	0.837203			90.00
91.00	09100	EMERGENCY	0.206826			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.424595			92.00
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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:05 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,872,446		8,872,446	0	8,872,446	30.00
31.00	03100	INTENSIVE CARE UNIT	2,784,594		2,784,594	0	2,784,594	31.00
43.00	04300	NURSERY	389,565		389,565	0	389,565	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,496,743		4,496,743	0	4,496,743	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	944,843		944,843	0	944,843	52.00
53.00	05300	ANESTHESIOLOGY	257,703		257,703	49,420	307,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,335,205		2,335,205	0	2,335,205	54.00
54.10	03630	ULTRA SOUND	561,161		561,161	0	561,161	54.10
54.20	03440	MAMMOGRAPHY	316,739		316,739	0	316,739	54.20
56.00	05600	RADIOISOTOPE	296,505		296,505	0	296,505	56.00
57.00	05700	CT SCAN	720,348		720,348	0	720,348	57.00
58.00	05800	MRI	472,325		472,325	0	472,325	58.00
60.00	06000	LABORATORY	3,877,303		3,877,303	0	3,877,303	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	143,288		143,288	0	143,288	63.00
64.00	06400	INTRAVENOUS THERAPY	263,968		263,968	0	263,968	64.00
65.00	06500	RESPIRATORY THERAPY	875,101	0	875,101	0	875,101	65.00
66.00	06600	PHYSICAL THERAPY	1,772,586	0	1,772,586	0	1,772,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	526,161	0	526,161	0	526,161	67.00
68.00	06800	SPEECH PATHOLOGY	404,147	0	404,147	0	404,147	68.00
69.00	06900	ELECTROCARDIOLOGY	498,136		498,136	0	498,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	464,783		464,783	0	464,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,356,280		1,356,280	0	1,356,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,330,938		2,330,938	0	2,330,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,696,002		3,696,002	0	3,696,002	73.00
76.00	03950	DIABETES SERVICES	144,544		144,544	0	144,544	76.00
76.97	07697	CARDIAC REHABILITATION	230,264		230,264	0	230,264	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	3,842,728		3,842,728	0	3,842,728	88.00
90.00	09000	CLINIC	414,186		414,186	0	414,186	90.00
91.00	09100	EMERGENCY	4,760,427		4,760,427	0	4,760,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,888,869		1,888,869		1,888,869	92.00
200.00		Subtotal (see instructions)	49,937,888	0	49,937,888	49,420	49,987,308	200.00
201.00		Less Observation Beds	1,888,869		1,888,869		1,888,869	201.00
202.00		Total (see instructions)	48,049,019	0	48,049,019	49,420	48,098,439	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:05 am

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,891,391		10,891,391			30.00
31.00	03100	INTENSIVE CARE UNIT	4,433,148		4,433,148			31.00
43.00	04300	NURSERY	445,691		445,691			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,377,023	21,721,584	30,098,607	0.149400	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	804,536	566,722	1,371,258	0.689034	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,199,276	2,823,433	4,022,709	0.064062	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,024,862	7,027,159	8,052,021	0.290015	0.000000	54.00
54.10	03630	ULTRA SOUND	359,961	4,962,132	5,322,093	0.105440	0.000000	54.10
54.20	03440	MAMMOGRAPHY	1,928	3,031,170	3,033,098	0.104428	0.000000	54.20
56.00	05600	RADIOISOTOPE	214,134	2,838,803	3,052,937	0.097121	0.000000	56.00
57.00	05700	CT SCAN	3,514,342	20,797,399	24,311,741	0.029630	0.000000	57.00
58.00	05800	MRI	717,457	7,498,566	8,216,023	0.057488	0.000000	58.00
60.00	06000	LABORATORY	8,349,436	33,629,794	41,979,230	0.092362	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	278,555	384,911	663,466	0.215969	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	821	637,191	638,012	0.413735	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,695,277	1,041,683	2,736,960	0.319735	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	639,570	3,645,234	4,284,804	0.413691	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	526,038	1,710,267	2,236,305	0.235281	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	87,609	771,668	859,277	0.470334	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,219	5,729,190	6,871,409	0.072494	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,134,764	2,134,764	0.217721	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,352,777	1,504,393	2,857,170	0.474693	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,964,076	4,440,368	10,404,444	0.224033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,671,571	11,998,150	19,669,721	0.187903	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	142,704	142,704	1.012894	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	21,291	570,971	592,262	0.388787	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	3,759,628	3,759,628	1.022103	0.000000	88.00
90.00	09000	CLINIC	0	494,726	494,726	0.837203	0.000000	90.00
91.00	09100	EMERGENCY	3,605,733	19,410,829	23,016,562	0.206826	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,624,751	2,823,882	4,448,633	0.424595	0.000000	92.00
200.00		Subtotal (see instructions)	64,943,473	166,097,321	231,040,794			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	64,943,473	166,097,321	231,040,794			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03630	ULTRA SOUND	0.000000			54.10
54.20	03440	MAMMOGRAPHY	0.000000			54.20
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
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
76.00	03950	DIABETES SERVICES	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000			88.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 1:05 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	535,111	0	535,111	6,609	80.97	30.00
31.00	INTENSIVE CARE UNIT	166,526		166,526	1,161	143.43	31.00
43.00	NURSERY	19,505		19,505	270	72.24	43.00
200.00	Total (lines 30 through 199)	721,142		721,142	8,040		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	2,935	237,647				30.00
31.00	INTENSIVE CARE UNIT	546	78,313				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	3,481	315,960				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/25/2022 1:05 am

			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	491,564	30,098,607	0.016332	3,467,733	56,635	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,647	1,371,258	0.036205	18,058	654	52.00
53.00	05300	ANESTHESIOLOGY	60,393	4,022,709	0.015013	485,621	7,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,527	8,052,021	0.022544	573,309	12,925	54.00
54.10	03630	ULTRA SOUND	55,155	5,322,093	0.010363	157,628	1,633	54.10
54.20	03440	MAMMOGRAPHY	53,162	3,033,098	0.017527	1,336	23	54.20
56.00	05600	RADIOISOTOPE	8,296	3,052,937	0.002717	130,172	354	56.00
57.00	05700	CT SCAN	164,408	24,311,741	0.006762	1,702,950	11,515	57.00
58.00	05800	MRI	75,886	8,216,023	0.009236	350,710	3,239	58.00
60.00	06000	LABORATORY	163,593	41,979,230	0.003897	4,026,424	15,691	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,373	663,466	0.005084	104,712	532	63.00
64.00	06400	INTRAVENOUS THERAPY	7,343	638,012	0.011509	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71,561	2,736,960	0.026146	969,671	25,353	65.00
66.00	06600	PHYSICAL THERAPY	100,217	4,284,804	0.023389	363,521	8,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,679	2,236,305	0.012824	301,474	3,866	67.00
68.00	06800	SPEECH PATHOLOGY	23,019	859,277	0.026789	56,897	1,524	68.00
69.00	06900	ELECTROCARDIOLOGY	40,565	6,871,409	0.005903	619,634	3,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,023	2,134,764	0.044981	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,045	2,857,170	0.018916	640,085	12,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,083	10,404,444	0.005390	3,020,971	16,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	140,038	19,669,721	0.007119	3,760,499	26,771	73.00
76.00	03950	DIABETES SERVICES	5,051	142,704	0.035395	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	31,677	592,262	0.053485	10,817	579	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	267,468	3,759,628	0.071142	0	0	88.00
90.00	09000	CLINIC	55,049	494,726	0.111272	0	0	90.00
91.00	09100	EMERGENCY	232,335	23,016,562	0.010094	1,892,363	19,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	113,921	4,448,633	0.025608	828,193	21,208	92.00
200.00		Total (lines 50 through 199)	2,630,078	215,270,564		23,482,778	249,446	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0161		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/25/2022 1:05 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		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	6,609	0.00	2,935	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,161	0.00	546	31.00		
43.00	04300	NURSERY		0	270	0.00	0	43.00		
200.00	Total (lines 30 through 199)			0	8,040		3,481	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	
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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03630	ULTRA SOUND	0	0	0	0	0	54.10
54.20	03440	MAMMOGRAPHY	0	0	0	0	0	54.20
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03950	DIABETES SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0161		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:05 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	30,098,607	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	1,371,258	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	4,022,709	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	8,052,021	0.000000	54.00
54.10	03630	ULTRA SOUND		0	0	0	5,322,093	0.000000	54.10
54.20	03440	MAMMOGRAPHY		0	0	0	3,033,098	0.000000	54.20
56.00	05600	RADIOISOTOPE		0	0	0	3,052,937	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	24,311,741	0.000000	57.00
58.00	05800	MRI		0	0	0	8,216,023	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	41,979,230	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	663,466	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	638,012	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	2,736,960	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	4,284,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,236,305	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	859,277	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	6,871,409	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,134,764	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	2,857,170	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	10,404,444	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	19,669,721	0.000000	73.00
76.00	03950	DIABETES SERVICES		0	0	0	142,704	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	592,262	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)		0	0	0	3,759,628	0.000000	88.00
90.00	09000	CLINIC		0	0	0	494,726	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	23,016,562	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	4,448,633	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	215,270,564		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,467,733	0	4,200,669	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	18,058	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	485,621	0	534,851	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	573,309	0	1,865,015	0	54.00
54.10	03630	ULTRA SOUND	0.000000	157,628	0	981,879	0	54.10
54.20	03440	MAMMOGRAPHY	0.000000	1,336	0	0	0	54.20
56.00	05600	RADIOISOTOPE	0.000000	130,172	0	1,240,000	0	56.00
57.00	05700	CT SCAN	0.000000	1,702,950	0	10,031,750	0	57.00
58.00	05800	MRI	0.000000	350,710	0	1,847,509	0	58.00
60.00	06000	LABORATORY	0.000000	4,026,424	0	3,163,499	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	104,712	0	109,092	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	279,832	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	969,671	0	364,709	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	363,521	0	30,563	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	301,474	0	34,689	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	56,897	0	36,422	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	619,634	0	1,871,166	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	908,527	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	640,085	0	291,425	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,020,971	0	1,181,356	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,760,499	0	479,918	0	73.00
76.00	03950	DIABETES SERVICES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	10,817	0	240,672	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	124,447	0	90.00
91.00	09100	EMERGENCY	0.000000	1,892,363	0	4,191,104	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	828,193	0	484,688	0	92.00
200.00		Total (lines 50 through 199)		23,482,778	0	34,493,782	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 1:05 am

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.149400	4,200,669	0	0	627,580	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.689034	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064062	534,851	0	0	34,264	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290015	1,865,015	0	0	540,882	54.00
54.10	03630	ULTRA SOUND	0.105440	981,879	0	0	103,529	54.10
54.20	03440	MAMMOGRAPHY	0.104428	0	0	0	0	54.20
56.00	05600	RADIOISOTOPE	0.097121	1,240,000	0	0	120,430	56.00
57.00	05700	CT SCAN	0.029630	10,031,750	0	9,171	297,241	57.00
58.00	05800	MRI	0.057488	1,847,509	0	0	106,210	58.00
60.00	06000	LABORATORY	0.092362	3,163,499	0	0	292,187	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215969	109,092	0	0	23,560	63.00
64.00	06400	INTRAVENOUS THERAPY	0.413735	279,832	0	0	115,776	64.00
65.00	06500	RESPIRATORY THERAPY	0.319735	364,709	0	0	116,610	65.00
66.00	06600	PHYSICAL THERAPY	0.413691	30,563	0	0	12,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.235281	34,689	0	0	8,162	67.00
68.00	06800	SPEECH PATHOLOGY	0.470334	36,422	0	0	17,131	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072494	1,871,166	0	0	135,648	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.217721	908,527	0	0	197,805	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.474693	291,425	0	0	138,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224033	1,181,356	0	0	264,663	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187903	479,918	0	0	90,178	73.00
76.00	03950	DIABETES SERVICES	1.012894	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.388787	240,672	0	0	93,570	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)						88.00
90.00	09000	CLINIC	0.837203	124,447	0	0	104,187	90.00
91.00	09100	EMERGENCY	0.206826	4,191,104	0	0	866,829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.424595	484,688	0	0	205,796	92.00
200.00		Subtotal (see instructions)		34,493,782	0	9,171	4,513,219	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		34,493,782	0	9,171	4,513,219	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 1:05 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03630	ULTRA SOUND	0	0		54.10
54.20	03440	MAMMOGRAPHY	0	0		54.20
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	272		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
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	0		73.00
76.00	03950	DIABETES SERVICES	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)				88.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	272		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	272		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 1:05 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,616	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,609	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,202	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)		7	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,935	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,872,446	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,872,446	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,872,446	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)		1,342.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,940,179	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)		3,940,179	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0161

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,784,594	1,161	2,398.44	546	1,309,548
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,265,920
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,515,647
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					315,960
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					249,446
52.00	Total Program excludable cost (sum of lines 50 and 51)					565,406
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,950,241
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)					1,407
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,342.48
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,888,869

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0161

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	535,111	8,872,446	0.060312	1,888,869	113,921	90.00
91.00 Nursing Program cost	0	8,872,446	0.000000	1,888,869	0	91.00
92.00 Allied health cost	0	8,872,446	0.000000	1,888,869	0	92.00
93.00 All other Medical Education	0	8,872,446	0.000000	1,888,869	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 1:05 am	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,207,524	30.00
31.00	03100	INTENSIVE CARE UNIT		1,923,230	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149400	3,467,733	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.689034	18,058	52.00
53.00	05300	ANESTHESIOLOGY	0.076347	485,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290015	573,309	54.00
54.10	03630	ULTRA SOUND	0.105440	157,628	54.10
54.20	03440	MAMMOGRAPHY	0.104428	1,336	54.20
56.00	05600	RADIOISOTOPE	0.097121	130,172	56.00
57.00	05700	CT SCAN	0.029630	1,702,950	57.00
58.00	05800	MRI	0.057488	350,710	58.00
60.00	06000	LABORATORY	0.092362	4,026,424	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215969	104,712	63.00
64.00	06400	INTRAVENOUS THERAPY	0.413735	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.319735	969,671	65.00
66.00	06600	PHYSICAL THERAPY	0.413691	363,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.235281	301,474	67.00
68.00	06800	SPEECH PATHOLOGY	0.470334	56,897	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072494	619,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.217721	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.474693	640,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224033	3,020,971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187903	3,760,499	73.00
76.00	03950	DIABETES SERVICES	1.012894	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.388787	10,817	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	88.00
90.00	09000	CLINIC	0.837203	0	90.00
91.00	09100	EMERGENCY	0.206826	1,892,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.424595	828,193	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,482,778	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)		23,482,778	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 1:05 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,085,432	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		56,916	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)		38.13	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)		2.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.64	31.00
32.00	Sum of lines 30 and 31		17.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.85	33.00
34.00	Disproportionate share adjustment (see instructions)		68,197	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 1:05 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000395		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	500,675	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	500,675	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		500,675		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		7,711,220		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		9,303,493		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			9,303,493	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			540,756	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			0	53.00
54.00	Special add-on payments for new technologies			66,375	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			9,910,624	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			9,910,624	61.00
62.00	Deductibles billed to program beneficiaries			945,516	62.00
63.00	Coinsurance billed to program beneficiaries			1,484	63.00
64.00	Allowable bad debts (see instructions)			186,865	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			121,462	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			189,593	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,085,086	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)			7,608	70.93
70.94	HRR adjustment amount (see instructions)			-125,872	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2021	1,516,623		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		10,483,445		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		10,520,752		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)		-37,307		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		208,056		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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 1:05 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,085,432	0		7,085,432	7,085,432	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,916	0		56,916	56,916	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	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	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0385	0.0385	0.0385	0.0385		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	68,197	0	0	68,197	68,197	11.00
11.01	Uncompensated care payments	36.00	500,675	0	0	500,675	500,675	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,711,220	0	0	7,711,220	7,711,220	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	9,303,493	0	0	9,303,493	9,303,493	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,303,493	0	0	9,303,493	9,303,493	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	540,756	0	0	540,756	540,756	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 1:05 am

				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	66,375	0	0	66,375	66,375	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	9,910,624	9,910,624	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	535,669	0	0	535,669	535,669	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	5,087	0	0	5,087	5,087	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	540,756	0	0	540,756	540,756	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	0.153030		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				1,516,623	1,516,623	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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,085,432		7,085,432	7,085,432	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,916		56,916	56,916	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	0.0385	0.0385	0.0385		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	68,197	0	68,197	68,197	11.00
11.01	Uncompensated care payments	36.00	500,675	0	500,675	500,675	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	7,711,220	0	7,711,220	7,711,220	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	9,303,493	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,303,493	0	9,303,493	9,303,493	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	540,756	0	540,756	540,756	16.00
17.00	Special add-on payments for new technologies	54.00	66,375	0	66,375	66,375	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	9,910,624	9,910,624	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	535,669	0	535,669	535,669	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	5,087	0	5,087	5,087	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	540,756	0	540,756	540,756	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	1,516,623		1,516,623	1,516,623	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	7,608	0	7,608	7,608	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	-125,872	0	-125,872	-125,872	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0161	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 1:05 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		272	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,513,219	2.00
3.00	OPPS payments		4,715,788	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		272	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,171	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)		9,171	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)		9,171	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,899	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)		272	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)		4,715,788	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)		864,551	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)		3,851,509	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)		3,851,509	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,851,509	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)		143,528	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		93,293	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,528	36.00
37.00	Subtotal (see instructions)		3,944,802	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,944,802	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		3,974,413	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)		-29,611	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		19,371	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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,520,752		3,974,413	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,520,752		3,974,413	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		37,307		29,611	6.02
7.00	Total Medicare program liability (see instructions)		10,483,445		3,944,802	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: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/25/2022 1:05 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0161

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

Worksheet G

Date/Time Prepared:
2/25/2022 1:05 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	2,398	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	29,931,579	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-20,030,918	0	0	0	6.00
7.00 Inventory	886,568	0	0	0	7.00
8.00 Prepaid expenses	3,100	0	0	0	8.00
9.00 Other current assets	183,117	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)	10,975,844	0	0	0	11.00
FIXED ASSETS					
12.00 Land	600,013	0	0	0	12.00
13.00 Land improvements	2,301,596	0	0	0	13.00
14.00 Accumulated depreciation	-2,161,609	0	0	0	14.00
15.00 Buildings	38,580,975	0	0	0	15.00
16.00 Accumulated depreciation	-25,461,360	0	0	0	16.00
17.00 Leasehold improvements	7,095	0	0	0	17.00
18.00 Accumulated depreciation	-6,774	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	23,412,453	0	0	0	23.00
24.00 Accumulated depreciation	-16,328,759	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	435,536	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	21,379,166	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	77,677,943	581,803	861,233	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	0	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	77,677,943	581,803	861,233	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	110,032,953	581,803	861,233	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,739,179	0	0	0	37.00
38.00 Salaries, wages, and fees payable	29,895	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	130,881	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	6,763,209	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	8,663,164	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	1,849,472	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	1,849,472	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	10,512,636	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	99,520,317				52.00
53.00 Specific purpose fund		581,803			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			861,233		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	99,520,317	581,803	861,233	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	110,032,953	581,803	861,233	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0161

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

Worksheet G-1

Date/Time Prepared:
2/25/2022 1:05 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		89,226,421		450,787		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		20,881,429				2.00
3.00	Total (sum of line 1 and line 2)		110,107,850		450,787		3.00
4.00	OTHER CHANGES	104,476		131,016		12	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)		104,476		131,016		10.00
11.00	Subtotal (line 3 plus line 10)		110,212,326		581,803		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	EQUITY TRANSFER	10,587,530		0		0	13.00
14.00	OTHER CHANGE	104,479		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		10,692,009		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		99,520,317		581,803		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	861,221		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)	861,221		0			3.00
4.00	OTHER CHANGES		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)	12		0			10.00
11.00	Subtotal (line 3 plus line 10)	861,233		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	EQUITY TRANSFER		0				13.00
14.00	OTHER CHANGE		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)	861,233		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 1:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	11,337,082		11,337,082	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)	11,337,082		11,337,082	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,433,148		4,433,148	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,433,148		4,433,148	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	15,770,230		15,770,230	17.00
18.00	Ancillary services	49,151,952	161,129,292	210,281,244	18.00
19.00	Outpatient services	21,291	1,208,402	1,229,693	19.00
20.00	RURAL HEALTH CLINIC (RHC)	0	3,759,628	3,759,628	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY) - PROFESSIONAL FEES	2,133,231	7,799,097	9,932,328	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	67,076,704	173,896,419	240,973,123	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		56,619,220		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)		56,619,220		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0161

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

Worksheet G-3

Date/Time Prepared:
2/25/2022 1:05 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	240,973,123	1.00
2.00	Less contractual allowances and discounts on patients' accounts	167,750,624	2.00
3.00	Net patient revenues (line 1 minus line 2)	73,222,499	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	56,619,220	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,603,279	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	310,130	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	133,720	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	11,600	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	4,922	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,388,558	24.00
24.50	COVID-19 PHE Funding	2,737,484	24.50
25.00	Total other income (sum of lines 6-24)	4,586,414	25.00
26.00	Total (line 5 plus line 25)	21,189,693	26.00
27.00	OTHER EXPENSES	308,264	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	308,264	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,881,429	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0161

Period:
From 10/01/2020
To 09/30/2021Worksheet L
Parts I-III
Date/Time Prepared:
2/25/2022 1:05 am

		Title XVIII	Hospital	PPS	
				1.00	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier			535,669	1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0	1.01
2.00	Capital DRG outlier payments			5,087	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)			17.54	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)			0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)			0.00	8.00
9.00	Sum of lines 7 and 8			0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)			0.00	10.00
11.00	Disproportionate share adjustment (see instructions)			0	11.00
12.00	Total prospective capital payments (see instructions)			540,756	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0161

Period:

Worksheet M-1

Component CCN: 14-8624

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

Date/Time Prepared:

2/25/2022 1:05 am

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	70,422	0	70,422	0	70,422
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	489,398	0	489,398	0	489,398
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	645,967	0	645,967	0	645,967
10.00	Subtotal (sum of lines 1 through 9)	1,205,787	0	1,205,787	0	1,205,787
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	31,538	31,538	0	31,538
16.00	Transportation (Health Care Staff)	0	3,694	3,694	0	3,694
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	6,617	6,617	0	6,617
19.00	Other Health Care Costs	0	3,058	3,058	0	3,058
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	44,907	44,907	0	44,907
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,205,787	44,907	1,250,694	0	1,250,694
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	127,937	127,937	0	127,937
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	127,937	127,937	0	127,937
FACILITY OVERHEAD						
29.00	Facility Costs	0	37,565	37,565	0	37,565
30.00	Administrative Costs	305,673	238,209	543,882	-62,279	481,603
31.00	Total Facility Overhead (sum of lines 29 and 30)	305,673	275,774	581,447	-62,279	519,168
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,511,460	448,618	1,960,078	-62,279	1,897,799

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0161

Period:

Worksheet M-1

Component CCN: 14-8624

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/25/2022 1:05 am

		RHC I		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	70,422	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	489,398	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	645,967	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,205,787	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	31,538	15.00
16.00	Transportation (Health Care Staff)	0	3,694	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	6,617	18.00
19.00	Other Health Care Costs	0	3,058	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	44,907	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,250,694	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	127,937	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	127,937	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	37,565	29.00
30.00	Administrative Costs	-60	481,543	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-60	519,108	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-60	1,897,739	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0161

Period:

Worksheet M-2

Component CCN: 14-8624

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

Date/Time Prepared:

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				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.28	3,181	4,200	1,176		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	4.27	7,892	2,100	8,967		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.55	11,073		10,143	11,073	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.55	11,073			11,073	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,250,694	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					127,937	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,378,631	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.907200	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					519,108	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,944,989	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,464,097	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					2,464,097	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					2,235,429	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,486,123	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0161 Component CCN: 14-8624	Period: From 10/01/2020 To 09/30/2021	Worksheet M-3 Date/Time Prepared: 2/25/2022 1:05 am	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			3,486,123	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			142,402	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			3,343,721	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			11,073	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			11,073	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			301.97	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	On or After Apr. 1 (Rate Period 3)	
		1.00	2.00	3.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00	197.87	8.00
9.00	Rate for Program covered visits (see instructions)	301.97	301.97	197.87	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	0	3,440	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	0	680,673	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	680,673		16.00
16.01	Total program charges (see instructions)(from contractor's records)		867,881		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		7,947		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		6,233		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		515,673		16.04
16.05	Total program cost (see instructions)	0	521,906		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		29,849		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		166,017		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		521,906		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		47,080		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		568,986		22.00
23.00	Allowable bad debts (see instructions)		0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		568,986		26.00
26.01	Sequestration adjustment (see instructions)		0		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		521,713		27.00
28.00	Tentative settlement (for contractor use only)		0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		47,273		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0161

Period:

Worksheet M-4

Component CCN: 14-8624

From 10/01/2020

Date/Time Prepared:

To 09/30/2021

2/25/2022 1:05 am

		Title XVIII		RHC I	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,205,787	1,205,787	1,205,787	1,205,787	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.002111	0.005874	0.000487	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	2,545	7,083	587	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	32,043	8,831	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	34,588	15,914	587	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,250,694	1,250,694	1,250,694	1,250,694	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	2,235,429	2,235,429	2,235,429	2,235,429	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.027655	0.012724	0.000469	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	61,821	28,444	1,048	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	96,409	44,358	1,635	0	10.00
11.00	Total number of injections/infusions (from your records)	221	615	51	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	436.24	72.13	32.06	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	61	282	4	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	26,611	20,341	128	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		142,402			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		47,080			16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0161 Component CCN: 14-8624	Period: From 10/01/2020 To 09/30/2021	Worksheet M-5 Date/Time Prepared: 2/25/2022 1:05 am
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		521,713	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		521,713	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			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		47,273	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		568,986	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00