

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: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/24/2022 11:48 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/24/2022	Time: 11:48 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPH MEDICAL CENTER (14-0162) 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	113,080	-46,103	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
7.00	SKILLED NURSING FACILITY	0	-1	0		0	7.00
200.00	Total	0	113,079	-46,103	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: 14-0162		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 11:48 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2200 E WASHINGTON			PO Box:				1.00		
2.00	City: BLOOMINGTON			State: IL		Zip Code: 61701		County: MCLEAN		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			ST. JOSEPH MEDICAL CENTER	140162	14060	1	07/01/1966	N P O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF			ST. JOSEPH MEDICAL CENTER	145590	14060		01/01/1988	N P O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	920	460	0	0	2,839	172	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S 1.00	Date of Geogr 2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning: 1.00	Ending: 2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N 1.00	Y/N 2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
					V 1.00	XVIII 2.00	XIX 3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 11:48 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
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)	0.00		0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
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	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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	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.		N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
						71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
						75.00
						76.00

MCRIF32 - 17.2.173.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 11:48 pm
		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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,731,193	1,800,000	4,818,832118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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

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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 NE 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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/24/2022 11:48 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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		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	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		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	THERESA	SPRINGER		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) 297-0419	THERESA.L.SPRINGER@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING 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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	30.00	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)		137	50,005	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)		137	50,005	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		137	50,005	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	44.00	12	4,380		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		149			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
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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)	12,960	756	31,275			1.00
2.00	HMO and other (see instructions)	7,259	3,299				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,960	756	31,275			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		164	1,611			13.00
14.00	Total (see instructions)	12,960	920	32,886	0.00	798.57	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	217	20	385	0.00	2.83	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						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	801.40	27.00
28.00	Observation Bed Days		2,070	3,784			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	172	780			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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,645	144	7,058	1.00
2.00 HMO and other (see instructions)			1,322	726		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,645	144	7,058	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	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	52,866,600	383,006	53,249,606	1,665,694.00	31.97
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		522,764	0	522,764	2,593.00	201.61
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,036,448	0	1,036,448	9,419.00	110.04
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	178,452	2,920	181,372	5,934.00	30.56
10.00	Excluded area salaries (see instructions)		1,196,167	26,080	1,222,247	39,802.00	30.71
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,486,468	0	9,486,468	86,909.00	109.15
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		206,560	0	206,560	953.00	216.75
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		14,211,983	0	14,211,983	375,911.00	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)		13,650,532	0	13,650,532		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		333,956	0	333,956		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		39,334	0	39,334		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		128,747	0	128,747		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,211,415	0	5,211,415		
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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	939,374	-935,273	4,101	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,298,419	-60,732	3,237,687	79,358.00	40.80	27.00
28.00	Administrative & General under contract (see inst.)		1,053,990	0	1,053,990	7,502.00	140.49	28.00
29.00	Maintenance & Repairs	6.00	1,159,781	14,573	1,174,354	48,863.00	24.03	29.00
30.00	Operation of Plant	7.00	151,919	-3,017	148,902	6,014.00	24.76	30.00
31.00	Laundry & Linen Service	8.00	48,589	1,712	50,301	3,359.00	14.97	31.00
32.00	Housekeeping	9.00	1,701,562	46,131	1,747,693	107,569.00	16.25	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	879,344	-204,666	674,678	37,197.00	18.14	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	100,666	235,739	336,405	19,272.00	17.46	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,411,740	63,991	1,475,731	35,152.00	41.98	38.00
39.00	Central Services and Supply	14.00	82,006	358	82,364	5,735.00	14.36	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	194,591	850	195,441	9,618.00	20.32	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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/24/2022 11:48 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,884,142	383,006	53,267,148	1,663,777.00	32.02	1.00
2.00	Excluded area salaries (see instructions)	1,374,619	29,000	1,403,619	45,736.00	30.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,509,523	354,006	51,863,529	1,618,041.00	32.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,905,011	0	23,905,011	463,773.00	51.54	4.00
5.00	Subtotal wage-related costs (see inst.)	18,901,281	0	18,901,281	0.00	36.44	5.00
6.00	Total (sum of lines 3 thru 5)	94,315,815	354,006	94,669,821	2,081,814.00	45.47	6.00
7.00	Total overhead cost (see instructions)	11,021,981	-840,334	10,181,647	359,639.00	28.31	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
2/24/2022 11:48 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,999,608	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)	472,721	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)	7,729,408	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)	93,306	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	3,769,700	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	33	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	87,793	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,152,569	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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	9,486,468	14,152,569	1.00
2.00	Hospital	9,486,468	14,152,569	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0162

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

Worksheet S-10

Date/Time Prepared:
2/24/2022 11:48 pm

				2/24/2022 11:48 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.185973	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			12,503,442	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			121,463,306	6.00
7.00	Medicaid cost (line 1 times line 6)			22,588,895	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			10,085,453	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,085,453	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)			15,903,898	1,303,305
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			2,957,696	1,303,305
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			2,957,696	1,303,305
				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)			4,786,684	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			325,264	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			500,406	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,286,278	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			972,274	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,233,275	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,318,728	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,672,952	4,672,952	274,259	4,947,211
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,095,913	3,095,913	115,997	3,211,910
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	939,374	13,536,847	14,476,221	820,288	15,296,509
5.00	00500	ADMINISTRATIVE & GENERAL	3,298,419	40,208,486	43,506,905	-4,543,003	38,963,902
6.00	00600	MAINTENANCE & REPAIRS	1,159,781	3,828,428	4,988,209	-2,233,826	2,754,383
7.00	00700	OPERATION OF PLANT	151,919	1,597,400	1,749,319	335,559	2,084,878
8.00	00800	LAUNDRY & LINEN SERVICE	48,589	650,155	698,744	1,712	700,456
9.00	00900	HOUSEKEEPING	1,701,562	57,982	1,759,544	47,194	1,806,738
10.00	01000	DIETARY	879,344	463,722	1,343,066	-273,216	1,069,850
11.00	01100	CAFETERIA	100,666	1,344	102,010	304,673	406,683
13.00	01300	NURSING ADMINISTRATION	1,411,740	133,993	1,545,733	20,355	1,566,088
14.00	01400	CENTRAL SERVICES & SUPPLY	82,006	6,748	88,754	358	89,112
16.00	01600	MEDICAL RECORDS & LIBRARY	194,591	32,119	226,710	850	227,560
17.00	01700	SOCIAL SERVICE	0	0	0	1,598,627	1,598,627
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	273,770	230,185	503,955	1,196	505,151
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,100,883	16,289,902	34,390,785	-1,992,675	32,398,110
43.00	04300	NURSERY	0	0	0	457,613	457,613
44.00	04400	SKILLED NURSING FACILITY	178,452	75,263	253,715	4,004	257,719
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,069,093	9,804,045	12,873,138	-8,218,664	4,654,474
51.00	05100	RECOVERY ROOM	503,696	13,619	517,315	7,690	525,005
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	-879	-879	1,894,886	1,894,007
53.00	05300	ANESTHESIOLOGY	0	2,844,918	2,844,918	0	2,844,918
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,162,134	370,090	1,532,224	1,445,682	2,977,906
54.10	03440	MAMMOGRAPHY	243,845	34,158	278,003	102,449	380,452
54.20	03630	ULTRA SOUND	544,381	334,527	878,908	52,156	931,064
54.30	05401	ECHOCARDIOLOGY	389,217	7,367	396,584	106,102	502,686
55.00	05500	RADIOLOGY - THERAPEUTIC	965,496	1,546,363	2,511,859	0	2,511,859
56.00	05600	RADIOISOTOPE	213,472	411,806	625,278	137,599	762,877
57.00	05700	CT SCAN	505,749	234,315	740,064	17,322	757,386
58.00	05800	MRI	272,199	626,308	898,507	4,069	902,576
59.00	05900	CARDIAC CATHETERIZATION	970,051	3,228,797	4,198,848	-3,163,136	1,035,712
60.00	06000	LABORATORY	2,367,893	2,399,926	4,767,819	184,775	4,952,594
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	695,362	695,362	0	695,362
64.00	06400	INTRAVENOUS THERAPY	232,810	12,114	244,924	3,807	248,731
65.00	06500	RESPIRATORY THERAPY	892,614	959,795	1,852,409	20,612	1,873,021
66.00	06600	PHYSICAL THERAPY	2,686,522	618,052	3,304,574	-89,247	3,215,327
67.00	06700	OCCUPATIONAL THERAPY	553,617	10,815	564,432	185,603	750,035
68.00	06800	SPEECH PATHOLOGY	398,633	243,309	641,942	58,078	700,020
69.00	06900	ELECTROCARDIOLOGY	274,287	26,985	301,272	5,698	306,970
70.00	07000	ELECTROENCEPHALOGRAPHY	498,850	224,442	723,292	20,229	743,521
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	680,881	680,881	6,523,885	7,204,766
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,508,081	5,508,081
73.00	07300	DRUGS CHARGED TO PATIENTS	1,584,349	11,280,287	12,864,636	258,091	13,122,727
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03330	ENDOSCOPY	0	749,299	749,299	0	749,299
76.20	03951	PAIN CLINIC	413,476	168,761	582,237	15,099	597,336
76.97	07697	CARDIAC REHABILITATION	205,756	5,313	211,069	2,938	214,007
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	298,883	831,649	1,130,532	13,030	1,143,562
91.00	09100	EMERGENCY	3,902,314	5,759,694	9,662,008	53,969	9,715,977
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,670,433	129,003,557	180,673,990	90,768	180,764,758
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,361	24,361	2,110	26,471
192.00	19200	PHYSICIANS' PRIVATE OFFICES	749,507	-451,062	298,445	-114,548	183,897
192.10	19201	CARDIOLOGY CLINIC	28,973	17,026	45,999	877	46,876
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	184,069	601,213	785,282	8,826	794,108
192.30	19203	MCLEAN CO EMS	233,618	15,862	249,480	11,531	261,011
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	436	436
200.00		TOTAL (SUM OF LINES 118 through 199)	52,866,600	129,210,957	182,077,557	0	182,077,557

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	537,749	5,484,960	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,906,651	6,118,561	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	401,285	15,697,794	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-14,863,425	24,100,477	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,754,383	6.00
7.00	00700	OPERATION OF PLANT	-21,679	2,063,199	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	700,456	8.00
9.00	00900	HOUSEKEEPING	0	1,806,738	9.00
10.00	01000	DIETARY	0	1,069,850	10.00
11.00	01100	CAFETERIA	-309,643	97,040	11.00
13.00	01300	NURSING ADMINISTRATION	1,827,854	3,393,942	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	89,112	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,746	204,814	16.00
17.00	01700	SOCIAL SERVICE	281,098	1,879,725	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-505,151	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,443,514	26,954,596	30.00
43.00	04300	NURSERY	0	457,613	43.00
44.00	04400	SKILLED NURSING FACILITY	0	257,719	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-205,010	4,449,464	50.00
51.00	05100	RECOVERY ROOM	0	525,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,894,007	52.00
53.00	05300	ANESTHESIOLOGY	-2,657,276	187,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-101,001	2,876,905	54.00
54.10	03440	MAMMOGRAPHY	0	380,452	54.10
54.20	03630	ULTRA SOUND	0	931,064	54.20
54.30	05401	ECHOCARDIOLOGY	0	502,686	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	-443,452	2,068,407	55.00
56.00	05600	RADIOISOTOPE	0	762,877	56.00
57.00	05700	CT SCAN	0	757,386	57.00
58.00	05800	MRI	0	902,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,035,712	59.00
60.00	06000	LABORATORY	-51,958	4,900,636	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	695,362	63.00
64.00	06400	INTRAVENOUS THERAPY	0	248,731	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,873,021	65.00
66.00	06600	PHYSICAL THERAPY	-297,631	2,917,696	66.00
67.00	06700	OCCUPATIONAL THERAPY	-50,679	699,356	67.00
68.00	06800	SPEECH PATHOLOGY	-85,880	614,140	68.00
69.00	06900	ELECTROCARDIOLOGY	0	306,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	743,521	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-11,500	7,193,266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,508,081	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,122,727	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	-41,465	707,834	76.00
76.20	03951	PAIN CLINIC	0	597,336	76.20
76.97	07697	CARDIAC REHABILITATION	-27	213,980	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,143,562	90.00
91.00	09100	EMERGENCY	-4,421,169	5,294,808	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)	-23,578,569	157,186,189	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,471	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	183,897	192.00
192.10	19201	CARDIOLOGY CLINIC	0	46,876	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	794,108	192.20
192.30	19203	MCLEAN CO EMS	0	261,011	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	436	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,578,569	158,498,988	200.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 11:48 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - OSFMG MANAGEMENT FEES					
1.00 ADMINISTRATIVE & GENERAL	5.00	0	265,846		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
TOTALS		0	265,846		
B - PROPERTY INSURANCE AND TAX					
1.00 OTHER CAP REL COSTS	3.00	0	190,968		1.00
2.00 OTHER CAP REL COSTS	3.00	0	199,288		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
0		0	390,256		
C - CAFETERIA - DIETARY					
1.00 CAFETERIA	11.00	233,799	68,934		1.00
0		233,799	68,934		
D - ALT BIRTH CENTER					
1.00 NURSERY	43.00	388,587	69,026		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	1,609,064	285,822		2.00
0		1,997,651	354,848		
E - CARDIAC REHAB III					
1.00 NONALLOWABLE CARDIAC REHAB	192.60	425	11		1.00
0		425	11		
F - IMPLANTABLE DEVICES					
1.00 IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,508,081		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
0		0	5,508,081		
G - MSCTP					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,617,899		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
0		0	6,617,899		
H - SHORT TERM DISABILITY					
1.00 ADMINISTRATIVE & GENERAL	5.00	0	240		1.00
2.00 MAINTENANCE & REPAIRS	6.00	0	5,007		2.00
3.00 HOUSEKEEPING	9.00	0	1,063		3.00
4.00 DIETARY	10.00	0	384		4.00
5.00 ADULTS & PEDIATRICS	30.00	0	36,798		5.00
6.00 SKILLED NURSING FACILITY	44.00	0	1,084		6.00
7.00 OPERATING ROOM	50.00	0	4,477		7.00
8.00 RADIOLOGY-DIAGNOSTIC	54.00	0	1,289		8.00
9.00 LABORATORY	60.00	0	6,442		9.00
10.00 DRUGS CHARGED TO PATIENTS	73.00	0	5,909		10.00
11.00 EMERGENCY	91.00	0	17,196		11.00
12.00 MCLEAN CO EMS	192.30	0	1,102		12.00
13.00 OPERATION OF PLANT	7.00	0	3,680		13.00
14.00 RESPIRATORY THERAPY	65.00	0	736		14.00
0		0	85,407		
I - CONTRACT PHYS COST TO ANCILLARY CC					
1.00 ADULTS & PEDIATRICS	30.00	0	12,900		1.00
2.00 OPERATING ROOM	50.00	0	249,996		2.00
3.00 ECHOCARDIOLOGY	54.30	0	14,000		3.00
4.00 CARDIAC CATHETERIZATION	59.00	0	12,250		4.00
5.00 EMERGENCY	91.00	0	43,610		5.00
0		0	332,756		
J - DRUGS CHARGED TO PATIENTS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	33,256		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
0		0	33,256		
K - RADIOLOGY ADMIN					
1.00 MAMMOGRAPHY	54.10	33,617	82,073		1.00
2.00 ULTRA SOUND	54.20	96,294	54,419		2.00
3.00 ECHOCARDIOLOGY	54.30	64,805	12,806		3.00
4.00 RADIOISOTOPE	56.00	112,238	22,179		4.00
5.00 CT SCAN	57.00	138,853	86,438		5.00
0		445,807	257,915		

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 11:48 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	L - MEDICAL DIRECTOR COST					
1.00	ADULTS & PEDIATRICS	30.00	372,222	0		1.00
	TOTALS		372,222	0		
	M - WI OTHER BENEFITS					
1.00		0.00	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	311,730	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	19,580	0		3.00
4.00	OPERATION OF PLANT	7.00	663	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	1,712	0		5.00
6.00	HOUSEKEEPING	9.00	47,194	0		6.00
7.00	DIETARY	10.00	29,517	0		7.00
8.00	CAFETERIA	11.00	1,940	0		8.00
9.00	NURSING ADMINISTRATION	13.00	63,991	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	358	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	850	0		11.00
12.00	I&R SERVICES-OTHER PRGM	22.00	1,196	0		12.00
	COSTS APPRV					
13.00	ADULTS & PEDIATRICS	30.00	284,352	0		13.00
14.00	SKILLED NURSING FACILITY	44.00	4,004	0		14.00
15.00	OPERATING ROOM	50.00	74,526	0		15.00
16.00	RECOVERY ROOM	51.00	7,690	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	44,454	0		17.00
18.00	MAMMOGRAPHY	54.10	3,840	0		18.00
19.00	ULTRA SOUND	54.20	5,827	0		19.00
20.00	ECHOCARDIOLOGY	54.30	14,612	0		20.00
21.00	RADIOISOTOPE	56.00	3,182	0		21.00
22.00	CT SCAN	57.00	6,709	0		22.00
23.00	MRI	58.00	4,189	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	12,636	0		24.00
25.00	LABORATORY	60.00	35,391	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	3,807	0		26.00
27.00	RESPIRATORY THERAPY	65.00	20,612	0		27.00
28.00	PHYSICAL THERAPY	66.00	11,733	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	2,418	0		29.00
30.00	SPEECH PATHOLOGY	68.00	3,991	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	5,698	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	20,229	0		32.00
33.00	DRUGS CHARGED TO PATIENTS	73.00	6,919	0		33.00
34.00	PAIN CLINIC	76.20	15,235	0		34.00
35.00	CARDIAC REHABILITATION	76.97	3,374	0		35.00
36.00	CLINIC	90.00	13,630	0		36.00
37.00	EMERGENCY	91.00	60,084	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,110	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,413	0		39.00
40.00	CARDIOLOGY CLINIC	192.10	877	0		40.00
41.00	FUND DEV, MKTING, COMM	192.20	8,826	0		41.00
	HEALTH ED					
42.00	MCLEAN CO EMS	192.30	11,531	0		42.00
	0		1,174,630	0		
	N - MINISTRY ALLOCATION					
1.00	OPERATION OF PLANT	7.00	0	334,896		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,901,929		2.00
3.00	SOCIAL SERVICE	17.00	0	1,598,627		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	217,916		4.00
5.00	PHYSICAL THERAPY	66.00	0	105,326		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	17,990		6.00
7.00	SPEECH PATHOLOGY	68.00	0	20,461		7.00
	0		0	4,197,145		
	O - REHAB ADMIN COST					
1.00	OCCUPATIONAL THERAPY	67.00	85,608	79,587		1.00
2.00	SPEECH PATHOLOGY	68.00	33,796	0		2.00
	0		119,404	79,587		
	P - PCI/HTM SERVICE COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,104,022		1.00
2.00	LABORATORY	60.00	0	149,384		2.00
	0		0	2,253,406		
	Q - CONTRACT LABOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	53,839		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

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 11:48 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	53,839	
R - OSFMG SHD HOSP AND PALLIATIVE					
1.00	ADULTS & PEDIATRICS	30.00	229,056	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	92,989	2.00
	0		229,056	92,989	
500.00	Grand Total: Increases		4,572,994	20,592,175	500.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 11:48 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - OSFMG MANAGEMENT FEES						
1.00	ADULTS & PEDIATRICS	30.00	0	205,908	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	10,633	0	2.00
3.00	EMERGENCY	91.00	0	49,305	0	3.00
	TOTALS		0	265,846		
B - PROPERTY INSURANCE AND TAX						
1.00		0.00	0	0	12	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	13	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	117,961	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	81,327	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	190,968	0	6.00
	0		0	390,256		
C - CAFETERIA - DIETARY						
1.00	DIETARY	10.00	233,799	68,934	0	1.00
	0		233,799	68,934		
D - ALT BIRTH CENTER						
1.00	ADULTS & PEDIATRICS	30.00	1,997,651	354,848	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,997,651	354,848		
E - CARDIAC REHAB III						
1.00	CARDIAC REHABILITATION	76.97	425	11	0	1.00
	0		425	11		
F - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	4,784,852	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	629,215	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	94,014	0	3.00
	0		0	5,508,081		
G - MSCTP						
1.00	OPERATING ROOM	50.00	0	3,756,504	0	1.00
2.00	MAMMOGRAPHY	54.10	0	17,081	0	2.00
3.00	ULTRA SOUND	54.20	0	104,384	0	3.00
4.00	CT SCAN	57.00	0	185,333	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,554,597	0	5.00
	0		0	6,617,899		
H - SHORT TERM DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	240	0	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	5,007	0	0	2.00
3.00	HOUSEKEEPING	9.00	1,063	0	0	3.00
4.00	DIETARY	10.00	384	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	36,798	0	0	5.00
6.00	SKILLED NURSING FACILITY	44.00	1,084	0	0	6.00
7.00	OPERATING ROOM	50.00	4,477	0	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	1,289	0	0	8.00
9.00	LABORATORY	60.00	6,442	0	0	9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	5,909	0	0	10.00
11.00	EMERGENCY	91.00	17,196	0	0	11.00
12.00	MCLEAN CO EMS	192.30	1,102	0	0	12.00
13.00	RESPIRATORY THERAPY	65.00	736	0	0	13.00
14.00	OPERATION OF PLANT	7.00	3,680	0	0	14.00
	0		85,407	0		
I - CONTRACT PHYS COST TO ANCILLARY CC						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	332,756	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
	0		0	332,756		
J - DRUGS CHARGED TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	1,230	0	1.00
2.00	CT SCAN	57.00	0	29,105	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	2,921	0	3.00
	0		0	33,256		
K - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	445,807	257,915	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
	0		445,807	257,915		

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/24/2022 11:48 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	L - MEDICAL DIRECTOR COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	372,222	0	0		1.00
	TOTALS		372,222	0			
	M - WI OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	935,273	239,357	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
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
	0		935,273	239,357			
	N - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,197,145	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	4,197,145			
	O - REHAB ADMIN COST						
1.00	PHYSICAL THERAPY	66.00	119,404	79,587	0		1.00
2.00		0.00	0	0	0		2.00
	0		119,404	79,587			
	P - PCI/HTM SERVICE COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	2,253,406	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	2,253,406			
	Q - CONTRACT LABOR						
1.00	NURSING ADMINISTRATION	13.00	0	43,636	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	120	0		2.00
3.00	OPERATING ROOM	50.00	0	600	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	361	0		4.00
5.00	ECHOCARDIOLOGY	54.30	0	121	0		5.00
6.00	CT SCAN	57.00	0	240	0		6.00
7.00	MRI	58.00	0	120	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	7,315	0		8.00
9.00	SPEECH PATHOLOGY	68.00	0	170	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 11:48 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00	PAIN CLINIC	76.20	0	136	0	10.00
11.00	CLINIC	90.00	0	600	0	11.00
12.00	EMERGENCY	91.00	0	420	0	12.00
	TOTALS		0	53,839		
R - OSFMG SHD HOSP AND PALLIATIVE						
1.00	ADULTS & PEDIATRICS	30.00	0	322,045	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	322,045		
500.00	Grand Total: Decreases		4,189,988	20,975,181		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,603,420	0	0	0	0	1.00
2.00	Land Improvements	1,166,651	0	0	0	0	2.00
3.00	Buildings and Fixtures	150,107,109	90,247	0	90,247	0	3.00
4.00	Building Improvements	190,139	0	0	0	0	4.00
5.00	Fixed Equipment	62,631,398	697,068	0	697,068	0	5.00
6.00	Movable Equipment	87,147	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	215,785,864	787,315	0	787,315	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	215,785,864	787,315	0	787,315	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,603,420	0				1.00
2.00	Land Improvements	1,166,651	0				2.00
3.00	Buildings and Fixtures	150,197,356	0				3.00
4.00	Building Improvements	190,139	0				4.00
5.00	Fixed Equipment	63,328,466	0				5.00
6.00	Movable Equipment	87,147	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	216,573,179	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	216,573,179	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,672,952	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,095,913	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,768,865	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	4,672,952				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,095,913				2.00
3.00	Total (sum of lines 1-2)	0	7,768,865				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	150,387,495	0	150,387,495	0.702767	134,206	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	63,605,752	0	63,605,752	0.297233	56,762	2.00
3.00	Total (sum of lines 1-2)	213,993,247	0	213,993,247	1.000000	190,968	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	140,053	0	274,259	5,210,701	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	59,235	0	115,997	6,002,564	0	2.00
3.00	Total (sum of lines 1-2)	199,288	0	390,256	11,213,265	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	134,206	140,053	0	5,484,960	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	56,762	59,235	0	6,118,561	2.00
3.00	Total (sum of lines 1-2)	0	190,968	199,288	0	11,603,521	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		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	-12,796,688			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	-4,686,515			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-309,643	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-21,925	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-125,280	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	B	1,809,424	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	B	1,056,692	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:
2/24/2022 11:48 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00			3.00	4.00
33.00	RESIDENT TRAINING EXPENSE	A	-10,044	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.00	
35.00	RECRUITING - RESIDENT TRAINING	A	-10,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	35.00	
36.00	RECRUITING	A	-11,034	ADMINISTRATIVE & GENERAL	5.00	0	36.00	
39.00	RECRUITING	A	-6,250	ADULTS & PEDIATRICS	30.00	0	39.00	
40.00	RECRUITING	A	-10,000	RADIOLOGY - THERAPEUTIC	55.00	0	40.00	
41.00	RECRUITING	A	-2,000	LABORATORY	60.00	0	41.00	
42.00	RECRUITING	A	-600	EMERGENCY	91.00	0	42.00	
46.00	MEDICAID ASSESSMENT	A	-7,901,984	ADMINISTRATIVE & GENERAL	5.00	0	46.00	
47.00	LOBBYING DUES	A	-32,612	ADMINISTRATIVE & GENERAL	5.00	0	47.00	
48.00	OTHER REVENUES - HEALTH ED	B	-20	NURSING ADMINISTRATION	13.00	0	48.00	
49.00	OTHER REVENUES - ADULTS AND PEDS	B	-2,615	ADULTS & PEDIATRICS	30.00	0	49.00	
49.01	OTHER REVENUES - RADIOLOGY	B	-810	RADIOLOGY-DIAGNOSTIC	54.00	0	49.01	
49.02	OTHER REVENUES - PHYS THERAPY	B	-920	PHYSICAL THERAPY	66.00	0	49.02	
49.03	APP SALARIES	A	-358,440	ADULTS & PEDIATRICS	30.00	0	49.03	
49.04	APP SALARIES	A	-28,241	SPEECH PATHOLOGY	68.00	0	49.04	
49.05	APP SALARIES PART B COST	A	-70,334	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.05	
49.07	PART B EMPLOYEE BENEFITS	A	-96,507	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.07	
49.08	CONTRACT LABOR TEACHING COST	A	-211,337	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49.08	
49.09	ADVERTISING AND MARKETING	A	-231	ADULTS & PEDIATRICS	30.00	0	49.09	
49.12	ADVERTISING AND MARKETING	A	-14	OPERATING ROOM	50.00	0	49.12	
49.13	ADVERTISING AND MARKETING	A	-135	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49.13	
49.15	ADVERTISING AND MARKETING	A	-27	CARDIAC REHABILITATION	76.97	0	49.15	
49.18	OTHER REVENUE - ADMIN	B	-3,670	ADMINISTRATIVE & GENERAL	5.00	0	49.18	
49.19	OTHER REVENUES - NURSING ADMIN	B	-549	NURSING ADMINISTRATION	13.00	0	49.19	
49.20	OCCUPATIONAL MEDICINE	A	-58,586	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.20	
49.21	PENSION COST	A	673,680	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.21	
49.23	SALARY - TEACHING COST	A	-273,770	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49.23	
49.24	BENEFITS- TEACHING COST	A	-46,968	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.24	
49.25	OUTSIDE RECRUITING HOSP, PAL	A	-10,000	ADULTS & PEDIATRICS	30.00	0	49.25	
49.26	OUTSIDE TRAINING - HOSP & PAL	A	-30,616	ADULTS & PEDIATRICS	30.00	0	49.26	
49.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.27	
49.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.28	
49.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.29	
49.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.30	
49.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.31	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,578,569				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: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
2/24/2022 11:48 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	448,214	1,719,889	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,849,959	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	1,901,929	1,901,929	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	12,553,652	18,473,549	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	334,896	334,896	3.02
3.03	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED REHAB	105,326	105,326	3.03
3.04	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED REHAB	17,990	17,990	3.04
3.05	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED REHAB	20,461	20,461	3.05
3.06	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	217,916	217,916	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - SUPPLY CHAIN	261,830	261,830	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - REGIONAL ADM	463,666	463,666	3.08
3.09	17.00	SOCIAL SERVICE	HO FUNCTIONAL - CARE MANAGEM	1,879,725	1,598,627	3.09
4.00	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	1,828,423	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - REVENUE CYCL	4,456,198	5,637,106	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - CARE & SAFET	313,328	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY ALLOCATION - OSFMG	465,822	465,822	4.03
4.04	7.00	OPERATION OF PLANT	HTM ENGINEERING	433,584	455,263	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	HTM IMAGING	2,003,831	2,104,022	4.05
4.06	60.00	LABORATORY	HTM LABORATORY	142,270	149,384	4.06
4.07	71.00	MEDICAL SUPPLIES CHARGED TO	HTM EQUIPMENT RENTAL	20,033	31,398	4.07
4.08	60.00	LABORATORY	OSF SYSTEM LAB	2,079,453	2,079,453	4.08
4.09	76.00	ENDOSCOPY	ENDOSCOPY	707,834	749,299	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	PCI CREDENTIALING	124,137	124,137	4.10
4.11	66.00	PHYSICAL THERAPY	PCI- FT JESSE - PT	140,531	437,242	4.11
4.12	67.00	OCCUPATIONAL THERAPY	PCI - FT JESSE - OT	24,003	74,682	4.12
4.13	68.00	SPEECH PATHOLOGY	PCI - FT JESSE - ST	27,299	84,938	4.13
4.14	73.00	DRUGS CHARGED TO PATIENTS	EPHARMACY	840,145	840,145	4.14
4.15	30.00	ADULTS & PEDIATRICS	EICU	359,424	359,424	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			34,021,879	38,708,394	5.00

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

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

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

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

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

6.00	B	OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED	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

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

Provider CCN: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
2/24/2022 11:48 pm

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

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

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

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

Provider CCN: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
2/24/2022 11:48 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,271,675	9		1.00
2.00	1,849,959	9		2.00
3.00	0	0		3.00
3.01	-5,919,897	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
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	281,098	0		3.09
4.00	1,828,423	0		4.00
4.01	-1,180,908	0		4.01
4.02	313,328	0		4.02
4.03	0	0		4.03
4.04	-21,679	0		4.04
4.05	-100,191	0		4.05
4.06	-7,114	0		4.06
4.07	-11,365	0		4.07
4.08	0	0		4.08
4.09	-41,465	0		4.09
4.10	0	0		4.10
4.11	-296,711	0		4.11
4.12	-50,679	0		4.12
4.13	-57,639	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	-4,686,515			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

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

6.00	HEALTHCARE SYST		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: 14-0162

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

Worksheet A-8-2

Date/Time Prepared:
2/24/2022 11:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,368	1,368	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	821	821	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,035,362	5,035,362	0	0	0	3.00
4.00	50.00	OPERATING ROOM	204,996	204,996	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,657,276	2,657,276	0	0	0	5.00
6.00	55.00	RADIOLOGY - THERAPEUTIC	433,452	433,452	0	0	0	6.00
7.00	60.00	LABORATORY	42,844	42,844	0	0	0	7.00
8.00	91.00	EMERGENCY	4,420,569	4,420,569	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			12,796,688	12,796,688	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,368		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	821		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,035,362		3.00
4.00	50.00	OPERATING ROOM	0	0	0	204,996		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,657,276		5.00
6.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	433,452		6.00
7.00	60.00	LABORATORY	0	0	0	42,844		7.00
8.00	91.00	EMERGENCY	0	0	0	4,420,569		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	12,796,688		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,484,960	5,484,960			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,118,561	6,118,561			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,697,794	0	15,697,794		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,100,477	2,261,477	972,976	27,842,617	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,754,383	966,677	352,912	4,174,760	6.00
7.00	00700	OPERATION OF PLANT	2,063,199	199,000	44,747	2,314,982	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	700,456	24,588	15,116	740,160	8.00
9.00	00900	HOUSEKEEPING	1,806,738	65,729	525,210	2,409,376	9.00
10.00	01000	DIETARY	1,069,850	42,685	202,752	1,332,117	10.00
11.00	01100	CAFETERIA	97,040	72,071	101,095	279,657	11.00
13.00	01300	NURSING ADMINISTRATION	3,393,942	62,160	443,481	4,301,648	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	89,112	0	24,752	113,864	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	204,814	31,125	58,486	294,442	16.00
17.00	01700	SOCIAL SERVICE	1,879,725	0	0	1,879,725	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,954,596	1,049,436	4,986,661	33,352,296	30.00
43.00	04300	NURSERY	457,613	39,791	116,777	619,109	43.00
44.00	04400	SKILLED NURSING FACILITY	257,719	75,744	54,505	394,880	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,449,464	412,737	943,362	7,172,931	50.00
51.00	05100	RECOVERY ROOM	525,005	71,036	153,680	752,588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,894,007	164,756	483,549	2,562,718	52.00
53.00	05300	ANESTHESIOLOGY	187,642	7,077	0	216,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,876,905	59,252	228,239	3,273,317	54.00
54.10	03440	MAMMOGRAPHY	380,452	49,461	84,536	593,807	54.10
54.20	03630	ULTRA SOUND	931,064	32,429	194,284	1,291,066	54.20
54.30	05401	ECHOCARDIOLOGY	502,686	33,629	140,832	684,020	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	2,068,407	54,979	179,619	2,303,005	55.00
56.00	05600	RADIOISOTOPE	762,877	51,935	98,837	1,085,575	56.00
57.00	05700	CT SCAN	757,386	57,857	346,231	1,357,203	57.00
58.00	05800	MRI	902,576	49,461	83,059	1,049,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,035,712	73,090	295,313	1,629,949	59.00
60.00	06000	LABORATORY	4,900,636	160,663	720,289	5,854,897	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	695,362	0	0	696,762	63.00
64.00	06400	INTRAVENOUS THERAPY	248,731	37,422	71,107	357,260	64.00
65.00	06500	RESPIRATORY THERAPY	1,873,021	28,172	274,218	2,246,504	65.00
66.00	06600	PHYSICAL THERAPY	2,917,696	84,290	774,986	3,798,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	699,356	23,824	192,824	916,004	67.00
68.00	06800	SPEECH PATHOLOGY	614,140	10,990	131,151	780,566	68.00
69.00	06900	ELECTROCARDIOLOGY	306,970	43,764	84,140	448,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	743,521	0	155,992	919,074	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,193,266	25,488	1,028	7,219,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,508,081	0	0	5,508,081	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,122,727	76,254	476,426	13,781,787	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	707,834	76,433	0	784,267	76.00
76.20	03951	PAIN CLINIC	597,336	0	128,835	731,971	76.20
76.97	07697	CARDIAC REHABILITATION	213,980	27,692	62,847	327,612	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,143,562	0	93,915	1,245,662	90.00
91.00	09100	EMERGENCY	5,294,808	192,733	1,183,378	6,716,292	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)	157,186,189	5,042,117	15,330,617	156,355,302	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,471	12,804	634	39,909	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	183,897	350,562	226,265	772,423	192.00
192.10	19201	CARDIOLOGY CLINIC	46,876	0	8,970	55,846	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	794,108	75,189	57,968	928,827	192.20
192.30	19203	MCLEAN CO EMS	261,011	0	73,340	341,957	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	436	4,288	0	4,724	192.60
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	158,498,988	5,484,960	15,697,794	158,498,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,842,617					5.00
6.00	00600	MAINTENANCE & REPAIRS	889,633	5,064,393				6.00
7.00	00700	OPERATION OF PLANT	493,318	251,288	3,059,588			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,727	31,049	19,737	948,673		8.00
9.00	00900	HOUSEKEEPING	513,433	82,999	52,761	0	3,058,569	9.00
10.00	01000	DIETARY	283,871	53,900	34,263	2,511	35,083	10.00
11.00	01100	CAFETERIA	59,594	91,007	57,851	1,301	59,236	11.00
13.00	01300	NURSING ADMINISTRATION	916,673	78,493	49,896	0	51,090	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,264	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,745	39,303	24,984	0	25,582	16.00
17.00	01700	SOCIAL SERVICE	400,566	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,107,312	1,325,181	842,388	466,099	862,545	30.00
43.00	04300	NURSERY	131,931	50,246	31,940	15,026	32,705	43.00
44.00	04400	SKILLED NURSING FACILITY	84,148	95,646	60,800	38,014	62,255	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,528,537	521,186	331,307	60,640	339,234	50.00
51.00	05100	RECOVERY ROOM	160,375	89,701	57,021	0	58,385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	546,110	208,046	132,251	62,220	135,415	52.00
53.00	05300	ANESTHESIOLOGY	46,143	8,936	5,680	0	5,816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	697,537	74,820	47,562	36,787	48,700	54.00
54.10	03440	MAMMOGRAPHY	126,539	62,457	39,703	0	40,653	54.10
54.20	03630	ULTRA SOUND	275,124	40,950	26,031	0	26,654	54.20
54.30	05401	ECHOCARDIOLOGY	145,763	42,465	26,994	0	27,640	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	490,766	69,425	44,132	0	45,188	55.00
56.00	05600	RADIOISOTOPE	231,334	65,581	41,689	0	42,686	56.00
57.00	05700	CT SCAN	289,217	73,060	46,442	64,250	47,554	57.00
58.00	05800	MRI	223,644	62,457	39,703	28,479	40,653	58.00
59.00	05900	CARDIAC CATHETERIZATION	347,339	92,295	58,670	0	60,074	59.00
60.00	06000	LABORATORY	1,247,667	202,878	128,965	0	132,051	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	148,479	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	76,131	47,255	30,039	0	30,758	64.00
65.00	06500	RESPIRATORY THERAPY	478,726	35,574	22,613	0	23,155	65.00
66.00	06600	PHYSICAL THERAPY	809,474	106,437	67,660	0	69,279	66.00
67.00	06700	OCCUPATIONAL THERAPY	195,199	30,083	19,123	0	19,581	67.00
68.00	06800	SPEECH PATHOLOGY	166,337	13,877	8,822	0	9,033	68.00
69.00	06900	ELECTROCARDIOLOGY	95,542	55,263	35,130	37,238	35,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	195,853	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,538,521	32,185	20,459	0	20,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,173,761	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,936,871	96,289	61,209	0	62,674	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	167,126	96,517	61,354	0	62,822	76.00
76.20	03951	PAIN CLINIC	155,982	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	69,813	34,968	22,228	0	22,760	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	265,448	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,431,228	243,374	154,708	136,108	158,410	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)	27,385,801	4,505,191	2,704,115	948,673	2,694,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,505	16,168	10,278	0	10,524	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	164,602	442,674	281,398	0	288,132	192.00
192.10	19201	CARDIOLOGY CLINIC	11,901	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	197,931	94,945	60,355	0	61,799	192.20
192.30	19203	MCLEAN CO EMS	72,870	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	1,007	5,415	3,442	0	3,524	192.60
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)	27,842,617	5,064,393	3,059,588	948,673	3,058,569	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & 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	1,741,745					10.00
11.00	01100	CAFETERIA	0	548,646				11.00
13.00	01300	NURSING ADMINISTRATION	0	14,331	5,412,131			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,312	0	140,440		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,870	0	0	450,926	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,651,404	212,259	3,149,351	13,651	38,635	30.00
43.00	04300	NURSERY	13,329	4,548	67,481	269	1,005	43.00
44.00	04400	SKILLED NURSING FACILITY	21,836	2,387	35,418	124	160	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	41,778	619,879	0	32,666	50.00
51.00	05100	RECOVERY ROOM	0	4,984	73,943	91	1,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,176	18,845	279,616	169	4,161	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,151	3,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,821	0	549	9,803	54.00
54.10	03440	MAMMOGRAPHY	0	3,434	0	0	4,544	54.10
54.20	03630	ULTRA SOUND	0	6,433	0	0	9,400	54.20
54.30	05401	ECHOCARDIOLOGY	0	4,305	63,877	22	7,216	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	6,784	0	168	4,667	55.00
56.00	05600	RADIOISOTOPE	0	3,702	0	0	6,427	56.00
57.00	05700	CT SCAN	0	8,652	0	0	29,305	57.00
58.00	05800	MRI	0	2,798	0	444	7,521	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,666	143,412	0	18,535	59.00
60.00	06000	LABORATORY	0	35,597	0	0	70,845	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	1,379	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,772	0	94	1,970	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,523	141,299	2,583	10,497	65.00
66.00	06600	PHYSICAL THERAPY	0	26,091	0	206	8,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,655	0	3	2,398	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,699	0	1,426	1,177	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,652	54,183	118	3,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,047	0	160	3,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,866	14,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,598	18,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,909	0	5,994	97,267	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	746	76.00
76.20	03951	PAIN CLINIC	0	6,667	98,922	438	2,766	76.20
76.97	07697	CARDIAC REHABILITATION	0	2,898	0	13	660	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,054	0	712	3,692	90.00
91.00	09100	EMERGENCY	0	46,150	684,750	3,565	29,339	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)	1,741,745	532,623	5,412,131	140,414	450,926	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,976	0	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	427	0	22	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	2,446	0	4	0	192.20
192.30	19203	MCLEAN CO EMS	0	3,174	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	0	0	192.60
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,741,745	548,646	5,412,131	140,440	450,926	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	22.00	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 SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	2,280,291					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,143,491	0	51,164,612	0	51,164,612	30.00
43.00	04300	NURSERY	110,413	0	1,078,002	0	1,078,002	43.00
44.00	04400	SKILLED NURSING FACILITY	26,387	0	822,055	0	822,055	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,648,158	0	10,648,158	50.00
51.00	05100	RECOVERY ROOM	0	0	1,198,962	0	1,198,962	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,004,727	0	4,004,727	52.00
53.00	05300	ANESTHESIOLOGY	0	0	287,855	0	287,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,199,896	0	4,199,896	54.00
54.10	03440	MAMMOGRAPHY	0	0	871,137	0	871,137	54.10
54.20	03630	ULTRA SOUND	0	0	1,675,658	0	1,675,658	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	1,002,302	0	1,002,302	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	2,964,135	0	2,964,135	55.00
56.00	05600	RADIOISOTOPE	0	0	1,476,994	0	1,476,994	56.00
57.00	05700	CT SCAN	0	0	1,915,683	0	1,915,683	57.00
58.00	05800	MRI	0	0	1,455,188	0	1,455,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,359,940	0	2,359,940	59.00
60.00	06000	LABORATORY	0	0	7,672,900	0	7,672,900	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	846,620	0	846,620	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	546,279	0	546,279	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,970,474	0	2,970,474	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,886,512	0	4,886,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,190,046	0	1,190,046	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	985,937	0	985,937	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	769,157	0	769,157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,124,488	0	1,124,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,908,376	0	8,908,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,746,668	0	6,746,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,057,000	0	17,057,000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	1,172,832	0	1,172,832	76.00
76.20	03951	PAIN CLINIC	0	0	996,746	0	996,746	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	480,952	0	480,952	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,519,568	0	1,519,568	90.00
91.00	09100	EMERGENCY	0	0	9,603,924	0	9,603,924	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)	2,280,291	0	154,603,783	0	154,603,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	85,384	0	85,384	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,959,205	0	1,959,205	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	68,196	0	68,196	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	1,346,307	0	1,346,307	192.20
192.30	19203	MCLEAN CO EMS	0	0	418,001	0	418,001	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	18,112	0	18,112	192.60
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)	2,280,291	0	158,498,988	0	158,498,988	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	233,605	507,687	2,261,477	3,002,769	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,238	966,677	100,788	1,085,703	6.00
7.00	00700	OPERATION OF PLANT	11,217	199,000	8,036	218,253	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,588	0	24,588	8.00
9.00	00900	HOUSEKEEPING	0	65,729	11,699	77,428	9.00
10.00	01000	DIETARY	0	42,685	16,830	59,515	10.00
11.00	01100	CAFETERIA	0	72,071	9,451	81,522	11.00
13.00	01300	NURSING ADMINISTRATION	0	62,160	402,065	464,225	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,125	17	31,142	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,005	1,049,436	361,603	1,415,044	30.00
43.00	04300	NURSERY	0	39,791	4,928	44,719	43.00
44.00	04400	SKILLED NURSING FACILITY	0	75,744	6,912	82,656	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,046	412,737	1,367,368	1,822,151	50.00
51.00	05100	RECOVERY ROOM	0	71,036	2,867	73,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	164,756	20,406	185,162	52.00
53.00	05300	ANESTHESIOLOGY	0	7,077	21,813	28,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	216,180	59,252	108,921	384,353	54.00
54.10	03440	MAMMOGRAPHY	0	49,461	79,358	128,819	54.10
54.20	03630	ULTRA SOUND	0	32,429	133,289	165,718	54.20
54.30	05401	ECHOCARDIOLOGY	0	33,629	6,873	40,502	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	1,042,308	54,979	0	1,097,287	55.00
56.00	05600	RADIOISOTOPE	0	51,935	171,926	223,861	56.00
57.00	05700	CT SCAN	0	57,857	346,231	404,088	57.00
58.00	05800	MRI	130,683	49,461	14,393	194,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	73,090	225,834	298,924	59.00
60.00	06000	LABORATORY	22,151	160,663	73,309	256,123	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	1,400	1,400	63.00
64.00	06400	INTRAVENOUS THERAPY	0	37,422	0	37,422	64.00
65.00	06500	RESPIRATORY THERAPY	25,161	28,172	71,093	124,426	65.00
66.00	06600	PHYSICAL THERAPY	404,429	84,290	21,626	510,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,824	0	23,824	67.00
68.00	06800	SPEECH PATHOLOGY	78,216	10,990	24,285	113,491	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,764	13,476	57,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,456	0	19,561	85,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	142,135	25,488	1,028	168,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,528	76,254	106,380	288,162	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	76,433	0	76,433	76.00
76.20	03951	PAIN CLINIC	77,761	0	5,800	83,561	76.20
76.97	07697	CARDIAC REHABILITATION	0	27,692	23,093	50,785	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	183,164	0	8,185	191,349	90.00
91.00	09100	EMERGENCY	0	192,733	45,373	238,106	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)	2,802,283	5,042,117	6,097,694	13,942,094	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,804	0	12,804	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117,961	350,562	11,699	480,222	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	75,189	1,562	76,751	192.20
192.30	19203	MCLEAN CO EMS	0	0	7,606	7,606	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	4,288	0	4,288	192.60
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,920,244	5,484,960	6,118,561	14,523,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

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	3,002,769					5.00
6.00	00600	MAINTENANCE & REPAIRS	95,944	1,181,647				6.00
7.00	00700	OPERATION OF PLANT	53,203	58,632	330,088			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,010	7,244	2,129	50,971		8.00
9.00	00900	HOUSEKEEPING	55,372	19,366	5,692	0	157,858	9.00
10.00	01000	DIETARY	30,615	12,576	3,697	135	1,811	10.00
11.00	01100	CAFETERIA	6,427	21,234	6,241	70	3,057	11.00
13.00	01300	NURSING ADMINISTRATION	98,860	18,314	5,383	0	2,637	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,617	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,767	9,170	2,695	0	1,320	16.00
17.00	01700	SOCIAL SERVICE	43,200	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	766,530	309,199	90,884	25,043	44,519	30.00
43.00	04300	NURSERY	14,228	11,724	3,446	807	1,688	43.00
44.00	04400	SKILLED NURSING FACILITY	9,075	22,316	6,559	2,042	3,213	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	164,848	121,605	35,743	3,258	17,508	50.00
51.00	05100	RECOVERY ROOM	17,296	20,929	6,152	0	3,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,896	48,542	14,268	3,343	6,989	52.00
53.00	05300	ANESTHESIOLOGY	4,976	2,085	613	0	300	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,227	17,457	5,131	1,977	2,513	54.00
54.10	03440	MAMMOGRAPHY	13,647	14,573	4,283	0	2,098	54.10
54.20	03630	ULTRA SOUND	29,671	9,555	2,808	0	1,376	54.20
54.30	05401	ECHOCARDIOLOGY	15,720	9,908	2,912	0	1,427	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	52,928	16,198	4,761	0	2,332	55.00
56.00	05600	RADIOISOTOPE	24,949	15,302	4,498	0	2,203	56.00
57.00	05700	CT SCAN	31,191	17,047	5,011	3,452	2,454	57.00
58.00	05800	MRI	24,119	14,573	4,283	1,530	2,098	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,459	21,535	6,330	0	3,101	59.00
60.00	06000	LABORATORY	134,557	47,336	13,914	0	6,815	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	16,013	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,211	11,026	3,241	0	1,587	64.00
65.00	06500	RESPIRATORY THERAPY	51,629	8,300	2,440	0	1,195	65.00
66.00	06600	PHYSICAL THERAPY	87,299	24,834	7,300	0	3,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,052	7,019	2,063	0	1,011	67.00
68.00	06800	SPEECH PATHOLOGY	17,939	3,238	952	0	466	68.00
69.00	06900	ELECTROCARDIOLOGY	10,304	12,894	3,790	2,001	1,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,122	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	165,925	7,510	2,207	0	1,081	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,587	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,733	22,467	6,604	0	3,235	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	18,024	22,520	6,619	0	3,242	76.00
76.20	03951	PAIN CLINIC	16,822	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	7,529	8,159	2,398	0	1,175	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,628	0	0	0	0	90.00
91.00	09100	EMERGENCY	154,354	56,785	16,691	7,313	8,176	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)	2,953,503	1,051,172	291,738	50,971	139,072	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	917	3,772	1,109	0	543	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,752	103,287	30,359	0	14,871	192.00
192.10	19201	CARDIOLOGY CLINIC	1,283	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	21,346	22,153	6,511	0	3,190	192.20
192.30	19203	MCLEAN CO EMS	7,859	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	109	1,263	371	0	182	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,002,769	1,181,647	330,088	50,971	157,858	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & 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	108,349					10.00
11.00	01100	CAFETERIA	0	118,551				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,097	592,516			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	500	0	3,117		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	836	0	0	51,930	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,730	45,864	344,788	303	4,419	30.00
43.00	04300	NURSERY	829	983	7,388	6	115	43.00
44.00	04400	SKILLED NURSING FACILITY	1,358	516	3,878	3	18	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,027	67,864	0	3,737	50.00
51.00	05100	RECOVERY ROOM	0	1,077	8,095	2	214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,432	4,072	30,612	4	476	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26	411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,338	0	12	1,121	54.00
54.10	03440	MAMMOGRAPHY	0	742	0	0	520	54.10
54.20	03630	ULTRA SOUND	0	1,390	0	0	1,075	54.20
54.30	05401	ECHOCARDIOLOGY	0	930	6,993	0	825	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,466	0	4	534	55.00
56.00	05600	RADIOISOTOPE	0	800	0	0	735	56.00
57.00	05700	CT SCAN	0	1,870	0	0	3,352	57.00
58.00	05800	MRI	0	604	0	10	860	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,089	15,701	0	2,120	59.00
60.00	06000	LABORATORY	0	7,692	0	0	8,104	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	158	63.00
64.00	06400	INTRAVENOUS THERAPY	0	599	0	2	225	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,058	15,469	57	1,201	65.00
66.00	06600	PHYSICAL THERAPY	0	5,638	0	5	1,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,654	0	0	274	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,015	0	32	135	68.00
69.00	06900	ELECTROCARDIOLOGY	0	789	5,932	3	425	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,307	0	4	384	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,370	1,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,036	2,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,221	0	133	11,478	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	85	76.00
76.20	03951	PAIN CLINIC	0	1,441	10,830	10	316	76.20
76.97	07697	CARDIAC REHABILITATION	0	626	0	0	75	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	876	0	16	422	90.00
91.00	09100	EMERGENCY	0	9,972	74,966	79	3,356	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)	108,349	115,089	592,516	3,117	51,930	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,156	0	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	92	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	528	0	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	686	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	0	0	192.60
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)	108,349	118,551	592,516	3,117	51,930	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	22.00	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 SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	43,200					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,608		3,189,931	0	3,189,931	30.00
43.00	04300	NURSERY	2,092		88,025	0	88,025	43.00
44.00	04400	SKILLED NURSING FACILITY	500		132,134	0	132,134	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		2,245,741	0	2,245,741	50.00
51.00	05100	RECOVERY ROOM	0		130,681	0	130,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		355,796	0	355,796	52.00
53.00	05300	ANESTHESIOLOGY	0		37,301	0	37,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		490,129	0	490,129	54.00
54.10	03440	MAMMOGRAPHY	0		164,682	0	164,682	54.10
54.20	03630	ULTRA SOUND	0		211,593	0	211,593	54.20
54.30	05401	ECHOCARDIOLOGY	0		79,217	0	79,217	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0		1,175,510	0	1,175,510	55.00
56.00	05600	RADIOISOTOPE	0		272,348	0	272,348	56.00
57.00	05700	CT SCAN	0		468,465	0	468,465	57.00
58.00	05800	MRI	0		242,614	0	242,614	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		387,259	0	387,259	59.00
60.00	06000	LABORATORY	0		474,541	0	474,541	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		17,571	0	17,571	63.00
64.00	06400	INTRAVENOUS THERAPY	0		62,313	0	62,313	64.00
65.00	06500	RESPIRATORY THERAPY	0		206,775	0	206,775	65.00
66.00	06600	PHYSICAL THERAPY	0		640,000	0	640,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		56,897	0	56,897	67.00
68.00	06800	SPEECH PATHOLOGY	0		137,268	0	137,268	68.00
69.00	06900	ELECTROCARDIOLOGY	0		95,234	0	95,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		107,834	0	107,834	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		348,416	0	348,416	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		129,708	0	129,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		652,033	0	652,033	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03330	ENDOSCOPY	0		126,923	0	126,923	76.00
76.20	03951	PAIN CLINIC	0		112,980	0	112,980	76.20
76.97	07697	CARDIAC REHABILITATION	0		70,747	0	70,747	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		221,291	0	221,291	90.00
91.00	09100	EMERGENCY	0		569,798	0	569,798	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)	43,200	0	13,701,755	0	13,701,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		19,145	0	19,145	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		648,647	0	648,647	192.00
192.10	19201	CARDIOLOGY CLINIC	0		1,375	0	1,375	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0		130,479	0	130,479	192.20
192.30	19203	MCLEAN CO EMS	0		16,151	0	16,151	192.30
192.40	19204	INDUSTRIAL MEDICINE	0		0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0		6,213	0	6,213	192.60
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)	43,200	0	14,523,765	0	14,523,765	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	365,839					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,002,007				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	52,236,102			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,862	2,218,399	3,237,686	-27,842,617	130,656,371	5.00
6.00	00600	MAINTENANCE & REPAIRS	64,476	98,868	1,174,354	0	4,174,760	6.00
7.00	00700	OPERATION OF PLANT	13,273	7,883	148,902	0	2,314,982	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	0	50,301	0	740,160	8.00
9.00	00900	HOUSEKEEPING	4,384	11,476	1,747,693	0	2,409,376	9.00
10.00	01000	DIETARY	2,847	16,509	674,679	0	1,332,117	10.00
11.00	01100	CAFETERIA	4,807	9,271	336,404	0	279,657	11.00
13.00	01300	NURSING ADMINISTRATION	4,146	394,406	1,475,731	0	4,301,648	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	82,364	0	113,864	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,076	17	194,620	0	294,442	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,879,725	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,996	354,715	16,593,624	0	33,352,296	30.00
43.00	04300	NURSERY	2,654	4,834	388,587	0	619,109	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	6,780	181,372	0	394,880	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,529	1,341,321	3,139,142	0	7,172,931	50.00
51.00	05100	RECOVERY ROOM	4,738	2,812	511,386	0	752,588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,989	20,017	1,609,064	0	2,562,718	52.00
53.00	05300	ANESTHESIOLOGY	472	21,397	0	0	216,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,952	106,846	759,492	0	3,273,317	54.00
54.10	03440	MAMMOGRAPHY	3,299	77,846	281,302	0	593,807	54.10
54.20	03630	ULTRA SOUND	2,163	130,750	646,502	0	1,291,066	54.20
54.30	05401	ECHOCARDIOLOGY	2,243	6,742	468,634	0	684,020	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	3,667	0	597,703	0	2,303,005	55.00
56.00	05600	RADIOISOTOPE	3,464	168,651	328,892	0	1,085,575	56.00
57.00	05700	CT SCAN	3,859	339,636	651,311	0	1,357,203	57.00
58.00	05800	MRI	3,299	14,119	276,388	0	1,049,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	221,532	982,687	0	1,629,949	59.00
60.00	06000	LABORATORY	10,716	71,913	2,396,842	0	5,854,897	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,373	0	0	696,762	63.00
64.00	06400	INTRAVENOUS THERAPY	2,496	0	236,617	0	357,260	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	69,739	912,490	0	2,246,504	65.00
66.00	06600	PHYSICAL THERAPY	5,622	21,214	2,578,851	0	3,798,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,589	0	641,643	0	916,004	67.00
68.00	06800	SPEECH PATHOLOGY	733	23,822	436,420	0	780,566	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	13,219	279,985	0	448,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,188	519,079	0	919,074	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,008	0	0	7,219,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,508,081	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,086	104,354	1,585,359	0	13,781,787	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,098	0	0	0	784,267	76.00
76.20	03951	PAIN CLINIC	0	5,690	428,711	0	731,971	76.20
76.97	07697	CARDIAC REHABILITATION	1,847	22,653	209,130	0	327,612	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,029	312,513	0	1,245,662	90.00
91.00	09100	EMERGENCY	12,855	44,509	3,937,819	0	6,716,292	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)	336,302	5,981,538	51,014,279	-27,842,617	128,512,685	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	854	0	2,110	0	39,909	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,382	11,476	752,920	0	772,423	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	29,850	0	55,846	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	5,015	1,532	192,895	0	928,827	192.20
192.30	19203	MCLEAN CO EMS	0	7,461	244,048	0	341,957	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	0	0	0	4,724	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,484,960	6,118,561	15,697,794		27,842,617	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.992825	1.019419	0.300516		0.213098	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			0		3,002,769	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.022982	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: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			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	267,501					6.00
7.00	00700	OPERATION OF PLANT	13,273	254,228				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	1,640	816,928			8.00
9.00	00900	HOUSEKEEPING	4,384	4,384	0	248,204		9.00
10.00	01000	DIETARY	2,847	2,847	2,162	2,847	141,263	10.00
11.00	01100	CAFETERIA	4,807	4,807	1,120	4,807	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,146	4,146	0	4,146	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,076	2,076	0	2,076	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,996	69,996	401,372	69,996	133,936	30.00
43.00	04300	NURSERY	2,654	2,654	12,939	2,654	1,081	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	5,052	32,735	5,052	1,771	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,529	27,529	52,219	27,529	0	50.00
51.00	05100	RECOVERY ROOM	4,738	4,738	0	4,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,989	10,989	53,579	10,989	4,475	52.00
53.00	05300	ANESTHESIOLOGY	472	472	0	472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,952	3,952	31,678	3,952	0	54.00
54.10	03440	MAMMOGRAPHY	3,299	3,299	0	3,299	0	54.10
54.20	03630	ULTRA SOUND	2,163	2,163	0	2,163	0	54.20
54.30	05401	ECHOCARDIOLOGY	2,243	2,243	0	2,243	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	3,667	3,667	0	3,667	0	55.00
56.00	05600	RADIOISOTOPE	3,464	3,464	0	3,464	0	56.00
57.00	05700	CT SCAN	3,859	3,859	55,327	3,859	0	57.00
58.00	05800	MRI	3,299	3,299	24,524	3,299	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	4,875	0	4,875	0	59.00
60.00	06000	LABORATORY	10,716	10,716	0	10,716	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,496	2,496	0	2,496	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	1,879	0	1,879	0	65.00
66.00	06600	PHYSICAL THERAPY	5,622	5,622	0	5,622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,589	1,589	0	1,589	0	67.00
68.00	06800	SPEECH PATHOLOGY	733	733	0	733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	2,919	32,067	2,919	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,700	0	1,700	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	5,086	5,086	0	5,086	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,098	5,098	0	5,098	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	1,847	1,847	0	1,847	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,855	12,855	117,206	12,855	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)	237,964	224,691	816,928	218,667	141,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	854	854	0	854	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,382	23,382	0	23,382	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	5,015	5,015	0	5,015	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	286	0	286	0	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,064,393	3,059,588	948,673	3,058,569	1,741,745	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.932240	12.034819	1.161269	12.322803	12.329803	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,181,647	330,088	50,971	157,858	108,349	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	4.417355	1.298394	0.062394	0.636001	0.767002	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: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT 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	65,504					11.00
13.00	01300	NURSING ADMINISTRATION	1,711	43,550				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	276	0	16,600,672			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	462	0	0	831,325,550		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	33,271	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,342	25,342	1,613,559	71,281,699	31,275	30.00
43.00	04300	NURSERY	543	543	31,842	1,853,943	1,611	43.00
44.00	04400	SKILLED NURSING FACILITY	285	285	14,683	294,295	385	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,988	4,988	0	60,268,836	0	50.00
51.00	05100	RECOVERY ROOM	595	595	10,760	3,456,986	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,250	2,250	20,017	7,676,811	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	136,049	6,636,311	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,292	0	64,932	18,087,289	0	54.00
54.10	03440	MAMMOGRAPHY	410	0	0	8,383,615	0	54.10
54.20	03630	ULTRA SOUND	768	0	0	17,342,987	0	54.20
54.30	05401	ECHOCARDIOLOGY	514	514	2,643	13,313,266	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	810	0	19,802	8,610,707	0	55.00
56.00	05600	RADIOISOTOPE	442	0	9	11,857,731	0	56.00
57.00	05700	CT SCAN	1,033	0	0	54,068,845	0	57.00
58.00	05800	MRI	334	0	52,459	13,876,244	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,154	1,154	0	34,197,542	0	59.00
60.00	06000	LABORATORY	4,250	0	0	130,710,956	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,544,239	0	63.00
64.00	06400	INTRAVENOUS THERAPY	331	0	11,130	3,634,834	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,137	1,137	305,297	19,367,993	0	65.00
66.00	06600	PHYSICAL THERAPY	3,115	0	24,391	16,174,600	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	914	0	404	4,423,936	0	67.00
68.00	06800	SPEECH PATHOLOGY	561	0	168,593	2,171,428	0	68.00
69.00	06900	ELECTROCARDIOLOGY	436	436	13,952	6,846,916	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	722	0	18,866	6,188,116	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,312,716	26,962,234	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,508,081	33,630,650	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,780	0	708,459	178,823,327	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	1,375,724	0	76.00
76.20	03951	PAIN CLINIC	796	796	51,804	5,103,622	0	76.20
76.97	07697	CARDIAC REHABILITATION	346	0	1,515	1,216,912	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	484	0	84,201	6,811,978	0	90.00
91.00	09100	EMERGENCY	5,510	5,510	421,368	54,130,978	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)	63,591	43,550	16,597,532	831,325,550	33,271	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,191	0	38	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	51	0	2,569	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	292	0	504	0	0	192.20
192.30	19203	MCLEAN CO EMS	379	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	0	0	192.60
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)	548,646	5,412,131	140,440	450,926	2,280,291	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.375763	124.273961	0.008460	0.000542	68.536894	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	118,551	592,516	3,117	51,930	43,200	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.809828	13.605419	0.000188	0.000062	1.298428	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: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER		
			PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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 SERVICES & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0		30.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.10	03440	MAMMOGRAPHY	0		54.10
54.20	03630	ULTRA SOUND	0		54.20
54.30	05401	ECHOCARDIOLOGY	0		54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	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
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03330	ENDOSCOPY	0		76.00
76.20	03951	PAIN CLINIC	0		76.20
76.97	07697	CARDIAC REHABILITATION	0		76.97
OUTPATIENT SERVICE COST CENTERS					
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
192.10	19201	CARDIOLOGY CLINIC	0		192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0		192.20
192.30	19203	MCLEAN CO EMS	0		192.30
192.40	19204	INDUSTRIAL MEDICINE	0		192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0		192.60
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00		
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

			Title XVIII	Hospital	PPS			
Cost Center Description			Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance		Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,164,612		51,164,612	0	51,164,612	30.00
43.00	04300	NURSERY	1,078,002		1,078,002	0	1,078,002	43.00
44.00	04400	SKILLED NURSING FACILITY	822,055		822,055	0	822,055	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,648,158		10,648,158	0	10,648,158	50.00
51.00	05100	RECOVERY ROOM	1,198,962		1,198,962	0	1,198,962	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,004,727		4,004,727	0	4,004,727	52.00
53.00	05300	ANESTHESIOLOGY	287,855		287,855	0	287,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,199,896		4,199,896	0	4,199,896	54.00
54.10	03440	MAMMOGRAPHY	871,137		871,137	0	871,137	54.10
54.20	03630	ULTRA SOUND	1,675,658		1,675,658	0	1,675,658	54.20
54.30	05401	ECHOCARDIOLOGY	1,002,302		1,002,302	0	1,002,302	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	2,964,135		2,964,135	0	2,964,135	55.00
56.00	05600	RADIOISOTOPE	1,476,994		1,476,994	0	1,476,994	56.00
57.00	05700	CT SCAN	1,915,683		1,915,683	0	1,915,683	57.00
58.00	05800	MRI	1,455,188		1,455,188	0	1,455,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,359,940		2,359,940	0	2,359,940	59.00
60.00	06000	LABORATORY	7,672,900		7,672,900	0	7,672,900	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	846,620		846,620	0	846,620	63.00
64.00	06400	INTRAVENOUS THERAPY	546,279		546,279	0	546,279	64.00
65.00	06500	RESPIRATORY THERAPY	2,970,474	0	2,970,474	0	2,970,474	65.00
66.00	06600	PHYSICAL THERAPY	4,886,512	0	4,886,512	0	4,886,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,190,046	0	1,190,046	0	1,190,046	67.00
68.00	06800	SPEECH PATHOLOGY	985,937	0	985,937	0	985,937	68.00
69.00	06900	ELECTROCARDIOLOGY	769,157		769,157	0	769,157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,124,488		1,124,488	0	1,124,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,908,376		8,908,376	0	8,908,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,746,668		6,746,668	0	6,746,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,057,000		17,057,000	0	17,057,000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03330	ENDOSCOPY	1,172,832		1,172,832	0	1,172,832	76.00
76.20	03951	PAIN CLINIC	996,746		996,746	0	996,746	76.20
76.97	07697	CARDIAC REHABILITATION	480,952		480,952	0	480,952	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,519,568		1,519,568	0	1,519,568	90.00
91.00	09100	EMERGENCY	9,603,924		9,603,924	0	9,603,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,522,332		5,522,332	0	5,522,332	92.00
200.00		Subtotal (see instructions)	160,126,115	0	160,126,115	0	160,126,115	200.00
201.00		Less Observation Beds	5,522,332		5,522,332	0	5,522,332	201.00
202.00		Total (see instructions)	154,603,783	0	154,603,783	0	154,603,783	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,334,994		63,334,994		30.00
43.00	04300	NURSERY	1,853,943		1,853,943		43.00
44.00	04400	SKILLED NURSING FACILITY	294,295		294,295		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,932,561	29,336,275	60,268,836	0.176678	50.00
51.00	05100	RECOVERY ROOM	1,569,246	1,887,740	3,456,986	0.346823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,801,760	1,875,051	7,676,811	0.521665	52.00
53.00	05300	ANESTHESIOLOGY	3,489,000	3,147,311	6,636,311	0.043376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,551,920	12,535,369	18,087,289	0.232202	54.00
54.10	03440	MAMMOGRAPHY	6,106	8,377,509	8,383,615	0.103909	54.10
54.20	03630	ULTRA SOUND	4,056,214	13,286,773	17,342,987	0.096619	54.20
54.30	05401	ECHOCARDIOLOGY	5,689,920	7,623,346	13,313,266	0.075286	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	101,052	8,509,655	8,610,707	0.344238	55.00
56.00	05600	RADIOISOTOPE	1,305,582	10,552,149	11,857,731	0.124560	56.00
57.00	05700	CT SCAN	19,395,001	34,673,844	54,068,845	0.035430	57.00
58.00	05800	MRI	5,022,651	8,853,593	13,876,244	0.104869	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,900,667	16,296,875	34,197,542	0.069009	59.00
60.00	06000	LABORATORY	50,765,999	79,944,957	130,710,956	0.058701	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,865,070	679,169	2,544,239	0.332760	63.00
64.00	06400	INTRAVENOUS THERAPY	1,045,114	2,589,720	3,634,834	0.150290	64.00
65.00	06500	RESPIRATORY THERAPY	16,921,782	2,446,211	19,367,993	0.153370	65.00
66.00	06600	PHYSICAL THERAPY	3,421,955	12,752,645	16,174,600	0.302110	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,319,869	2,104,067	4,423,936	0.269002	67.00
68.00	06800	SPEECH PATHOLOGY	617,019	1,554,409	2,171,428	0.454050	68.00
69.00	06900	ELECTROCARDIOLOGY	1,688,219	5,158,697	6,846,916	0.112336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,843	5,166,273	6,188,116	0.181717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,502,431	12,459,803	26,962,234	0.330402	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,144,769	15,485,881	33,630,650	0.200611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,723,769	68,099,558	178,823,327	0.095385	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03330	ENDOSCOPY	1,160,186	215,538	1,375,724	0.852520	76.00
76.20	03951	PAIN CLINIC	0	5,103,622	5,103,622	0.195302	76.20
76.97	07697	CARDIAC REHABILITATION	331,136	885,776	1,216,912	0.395223	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	29,344	6,782,634	6,811,978	0.223073	90.00
91.00	09100	EMERGENCY	13,519,222	40,611,756	54,130,978	0.177420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,833,030	5,113,675	7,946,705	0.694921	92.00
200.00		Subtotal (see instructions)	407,215,669	424,109,881	831,325,550		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	407,215,669	424,109,881	831,325,550		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/24/2022 11:48 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176678		50.00
51.00	05100	RECOVERY ROOM	0.346823		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521665		52.00
53.00	05300	ANESTHESIOLOGY	0.043376		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232202		54.00
54.10	03440	MAMMOGRAPHY	0.103909		54.10
54.20	03630	ULTRA SOUND	0.096619		54.20
54.30	05401	ECHOCARDIOLOGY	0.075286		54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0.344238		55.00
56.00	05600	RADIOISOTOPE	0.124560		56.00
57.00	05700	CT SCAN	0.035430		57.00
58.00	05800	MRI	0.104869		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069009		59.00
60.00	06000	LABORATORY	0.058701		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.332760		63.00
64.00	06400	INTRAVENOUS THERAPY	0.150290		64.00
65.00	06500	RESPIRATORY THERAPY	0.153370		65.00
66.00	06600	PHYSICAL THERAPY	0.302110		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269002		67.00
68.00	06800	SPEECH PATHOLOGY	0.454050		68.00
69.00	06900	ELECTROCARDIOLOGY	0.112336		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181717		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330402		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200611		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095385		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03330	ENDOSCOPY	0.852520		76.00
76.20	03951	PAIN CLINIC	0.195302		76.20
76.97	07697	CARDIAC REHABILITATION	0.395223		76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.223073		90.00
91.00	09100	EMERGENCY	0.177420		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.694921		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,334,994		63,334,994		30.00
43.00	04300	NURSERY	1,853,943		1,853,943		43.00
44.00	04400	SKILLED NURSING FACILITY	294,295		294,295		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,932,561	29,336,275	60,268,836	0.176678	50.00
51.00	05100	RECOVERY ROOM	1,569,246	1,887,740	3,456,986	0.346823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,801,760	1,875,051	7,676,811	0.521665	52.00
53.00	05300	ANESTHESIOLOGY	3,489,000	3,147,311	6,636,311	0.043376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,551,920	12,535,369	18,087,289	0.232202	54.00
54.10	03440	MAMMOGRAPHY	6,106	8,377,509	8,383,615	0.103909	54.10
54.20	03630	ULTRA SOUND	4,056,214	13,286,773	17,342,987	0.096619	54.20
54.30	05401	ECHOCARDIOLOGY	5,689,920	7,623,346	13,313,266	0.075286	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	101,052	8,509,655	8,610,707	0.344238	55.00
56.00	05600	RADIOISOTOPE	1,305,582	10,552,149	11,857,731	0.124560	56.00
57.00	05700	CT SCAN	19,395,001	34,673,844	54,068,845	0.035430	57.00
58.00	05800	MRI	5,022,651	8,853,593	13,876,244	0.104869	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,900,667	16,296,875	34,197,542	0.069009	59.00
60.00	06000	LABORATORY	50,765,999	79,944,957	130,710,956	0.058701	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,865,070	679,169	2,544,239	0.332760	63.00
64.00	06400	INTRAVENOUS THERAPY	1,045,114	2,589,720	3,634,834	0.150290	64.00
65.00	06500	RESPIRATORY THERAPY	16,921,782	2,446,211	19,367,993	0.153370	65.00
66.00	06600	PHYSICAL THERAPY	3,421,955	12,752,645	16,174,600	0.302110	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,319,869	2,104,067	4,423,936	0.269002	67.00
68.00	06800	SPEECH PATHOLOGY	617,019	1,554,409	2,171,428	0.454050	68.00
69.00	06900	ELECTROCARDIOLOGY	1,688,219	5,158,697	6,846,916	0.112336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,843	5,166,273	6,188,116	0.181717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,502,431	12,459,803	26,962,234	0.330402	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,144,769	15,485,881	33,630,650	0.200611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,723,769	68,099,558	178,823,327	0.095385	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03330	ENDOSCOPY	1,160,186	215,538	1,375,724	0.852520	76.00
76.20	03951	PAIN CLINIC	0	5,103,622	5,103,622	0.195302	76.20
76.97	07697	CARDIAC REHABILITATION	331,136	885,776	1,216,912	0.395223	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	29,344	6,782,634	6,811,978	0.223073	90.00
91.00	09100	EMERGENCY	13,519,222	40,611,756	54,130,978	0.177420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,833,030	5,113,675	7,946,705	0.694921	92.00
200.00		Subtotal (see instructions)	407,215,669	424,109,881	831,325,550		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	407,215,669	424,109,881	831,325,550		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03440	MAMMOGRAPHY	0.000000			54.10
54.20	03630	ULTRA SOUND	0.000000			54.20
54.30	05401	ECHOCARDIOLOGY	0.000000			54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
76.20	03951	PAIN CLINIC	0.000000			76.20
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

Title XVIII			Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,189,931	0	3,189,931	35,059	90.99	30.00
43.00	NURSERY	88,025		88,025	1,611	54.64	43.00
44.00	SKILLED NURSING FACILITY	132,134		132,134	385	343.21	44.00
200.00	Total (lines 30 through 199)	3,410,090		3,410,090	37,055		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	12,960	1,179,230				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	217	74,477				
200.00	Total (lines 30 through 199)	13,177	1,253,707				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,245,741	60,268,836	0.037262	12,077,595	450,035	50.00
51.00	05100	RECOVERY ROOM	130,681	3,456,986	0.037802	520,560	19,678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	355,796	7,676,811	0.046347	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,301	6,636,311	0.005621	1,305,996	7,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	490,129	18,087,289	0.027098	2,470,621	66,949	54.00
54.10	03440	MAMMOGRAPHY	164,682	8,383,615	0.019643	998	20	54.10
54.20	03630	ULTRA SOUND	211,593	17,342,987	0.012200	1,536,543	18,746	54.20
54.30	05401	ECHOCARDIOLOGY	79,217	13,313,266	0.005950	2,443,902	14,541	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	1,175,510	8,610,707	0.136517	45,210	6,172	55.00
56.00	05600	RADIOISOTOPE	272,348	11,857,731	0.022968	679,322	15,603	56.00
57.00	05700	CT SCAN	468,465	54,068,845	0.008664	7,615,110	65,977	57.00
58.00	05800	MRI	242,614	13,876,244	0.017484	2,102,459	36,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	387,259	34,197,542	0.011324	5,038,620	57,057	59.00
60.00	06000	LABORATORY	474,541	130,710,956	0.003630	19,522,461	70,867	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,571	2,544,239	0.006906	663,235	4,580	63.00
64.00	06400	INTRAVENOUS THERAPY	62,313	3,634,834	0.017143	324,017	5,555	64.00
65.00	06500	RESPIRATORY THERAPY	206,775	19,367,993	0.010676	6,514,728	69,551	65.00
66.00	06600	PHYSICAL THERAPY	640,000	16,174,600	0.039568	1,632,123	64,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	56,897	4,423,936	0.012861	1,095,974	14,095	67.00
68.00	06800	SPEECH PATHOLOGY	137,268	2,171,428	0.063216	294,191	18,598	68.00
69.00	06900	ELECTROCARDIOLOGY	95,234	6,846,916	0.013909	746,623	10,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	107,834	6,188,116	0.017426	548,488	9,558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	348,416	26,962,234	0.012922	5,567,504	71,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	129,708	33,630,650	0.003857	8,370,720	32,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	652,033	178,823,327	0.003646	40,804,519	148,773	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03330	ENDOSCOPY	126,923	1,375,724	0.092259	608,361	56,127	76.00
76.20	03951	PAIN CLINIC	112,980	5,103,622	0.022137	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	70,747	1,216,912	0.058136	57,976	3,370	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	221,291	6,811,978	0.032486	15,850	515	90.00
91.00	09100	EMERGENCY	569,798	54,130,978	0.010526	5,459,200	57,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	344,295	7,946,705	0.043326	1,094,510	47,421	92.00
200.00		Total (lines 50 through 199)	10,635,960	765,842,318		129,157,416	1,444,546	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0162		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/24/2022 11:48 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	35,059	0.00	12,960	0	0	30.00	
43.00	04300	NURSERY	0	0	1,611	0.00	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	385	0.00	217	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	37,055		13,177			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	
43.00	04300	NURSERY	0							43.00	
44.00	04400	SKILLED NURSING FACILITY	0							44.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0162		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 11:48 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	0	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0162		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 11:48 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	60,268,836	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,456,986	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,676,811	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,636,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,087,289	0.000000	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	8,383,615	0.000000	54.10
54.20	03630	ULTRA SOUND	0	0	0	17,342,987	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	13,313,266	0.000000	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	8,610,707	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,857,731	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	54,068,845	0.000000	57.00
58.00	05800	MRI	0	0	0	13,876,244	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,197,542	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	130,710,956	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,544,239	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,634,834	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,367,993	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,174,600	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,423,936	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,171,428	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,846,916	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,188,116	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,962,234	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,630,650	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	178,823,327	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	1,375,724	0.000000	76.00
76.20	03951	PAIN CLINIC	0	0	0	5,103,622	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,216,912	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,811,978	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	54,130,978	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,946,705	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	765,842,318		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	12,077,595	0	6,399,204	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	520,560	0	591,331	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,305,996	0	637,392	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,470,621	0	3,608,217	0	54.00
54.10	03440	MAMMOGRAPHY	0.000000	998	0	0	0	54.10
54.20	03630	ULTRA SOUND	0.000000	1,536,543	0	2,918,464	0	54.20
54.30	05401	ECHOCARDIOLOGY	0.000000	2,443,902	0	2,066,055	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	45,210	0	2,479,366	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	679,322	0	3,546,822	0	56.00
57.00	05700	CT SCAN	0.000000	7,615,110	0	6,606,871	0	57.00
58.00	05800	MRI	0.000000	2,102,459	0	1,662,958	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,038,620	0	6,225,856	0	59.00
60.00	06000	LABORATORY	0.000000	19,522,461	0	6,124,300	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	663,235	0	362,679	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	324,017	0	952,847	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	6,514,728	0	602,194	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,632,123	0	120,703	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,095,974	0	13,705	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	294,191	0	144,092	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	746,623	0	1,140,528	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	548,488	0	1,256,384	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,567,504	0	4,192,506	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,370,720	0	4,596,971	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	40,804,519	0	22,811,385	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	608,361	0	21,096	0	76.00
76.20	03951	PAIN CLINIC	0.000000	0	0	1,086,043	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.000000	57,976	0	240,420	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	15,850	0	2,048,503	0	90.00
91.00	09100	EMERGENCY	0.000000	5,459,200	0	6,029,988	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,094,510	0	455,922	0	92.00
200.00		Total (lines 50 through 199)		129,157,416	0	88,942,802	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0162		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/24/2022 11:48 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.176678	6,399,204	0	0	1,130,599	50.00
51.00	05100	RECOVERY ROOM		0.346823	591,331	0	0	205,087	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.521665	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.043376	637,392	0	0	27,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.232202	3,608,217	0	0	837,835	54.00
54.10	03440	MAMMOGRAPHY		0.103909	0	0	0	0	54.10
54.20	03630	ULTRA SOUND		0.096619	2,918,464	0	0	281,979	54.20
54.30	05401	ECHOCARDIOLOGY		0.075286	2,066,055	0	0	155,545	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC		0.344238	2,479,366	0	0	853,492	55.00
56.00	05600	RADIOISOTOPE		0.124560	3,546,822	0	0	441,792	56.00
57.00	05700	CT SCAN		0.035430	6,606,871	0	0	234,081	57.00
58.00	05800	MRI		0.104869	1,662,958	0	0	174,393	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.069009	6,225,856	0	0	429,640	59.00
60.00	06000	LABORATORY		0.058701	6,124,300	136	0	359,503	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.332760	362,679	0	0	120,685	63.00
64.00	06400	INTRAVENOUS THERAPY		0.150290	952,847	0	0	143,203	64.00
65.00	06500	RESPIRATORY THERAPY		0.153370	602,194	0	0	92,358	65.00
66.00	06600	PHYSICAL THERAPY		0.302110	120,703	0	0	36,466	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.269002	13,705	0	0	3,687	67.00
68.00	06800	SPEECH PATHOLOGY		0.454050	144,092	0	0	65,425	68.00
69.00	06900	ELECTROCARDIOLOGY		0.112336	1,140,528	0	0	128,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.181717	1,256,384	0	0	228,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.330402	4,192,506	0	0	1,385,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.200611	4,596,971	0	0	922,203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.095385	22,811,385	0	20,569	2,175,864	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY		0.852520	21,096	0	0	17,985	76.00
76.20	03951	PAIN CLINIC		0.195302	1,086,043	0	0	212,106	76.20
76.97	07697	CARDIAC REHABILITATION		0.395223	240,420	0	0	95,020	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.223073	2,048,503	0	0	456,966	90.00
91.00	09100	EMERGENCY		0.177420	6,029,988	0	0	1,069,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.694921	455,922	0	0	316,830	92.00
200.00		Subtotal (see instructions)			88,942,802	136	20,569	12,601,872	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			88,942,802	136	20,569	12,601,872	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0162		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/24/2022 11:48 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03440	MAMMOGRAPHY	0	0		54.10
54.20	03630	ULTRA SOUND	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	0		54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	8	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	1,962		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.20	03951	PAIN CLINIC	0	0		76.20
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
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)	8	1,962		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8	1,962		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 11:48 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,059	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,059	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)		31,275	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		12,960	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)		51,164,612	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)		51,164,612	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)		51,164,612	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)		1,459.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,913,694	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)		18,913,694	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

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

Worksheet D-1

Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,420,186
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,333,880
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,179,230
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,444,546
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,623,776
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,710,104
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					3,784
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,459.39
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,522,332

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

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

Worksheet D-1

Date/Time Prepared:
2/24/2022 11:48 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,189,931	51,164,612	0.062346	5,522,332	344,295	90.00
91.00 Nursing Program cost	0	51,164,612	0.000000	5,522,332	0	91.00
92.00 Allied health cost	0	51,164,612	0.000000	5,522,332	0	92.00
93.00 All other Medical Education	0	51,164,612	0.000000	5,522,332	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		385	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		385	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)		385	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		217	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)		822,055	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)		822,055	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)		822,055	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 11:48 pm	
		Title XVIII		Skilled Nursing Facility	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)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					822,055	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					2,135.21	71.00
72.00 Program routine service cost (line 9 x line 71)					463,341	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					463,341	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					463,341	83.00
84.00 Program inpatient ancillary services (see instructions)					65,632	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					528,973	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

Period:

Worksheet D-1

Component CCN: 14-5590

From 10/01/2020

Date/Time Prepared:

To 09/30/2021

2/24/2022 11:48 pm

Title XVIII

Skilled Nursing

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/24/2022 11:48 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,640,555	30.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176678	12,077,595	50.00
51.00	05100	RECOVERY ROOM	0.346823	520,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521665	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043376	1,305,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232202	2,470,621	54.00
54.10	03440	MAMMOGRAPHY	0.103909	998	54.10
54.20	03630	ULTRA SOUND	0.096619	1,536,543	54.20
54.30	05401	ECHOCARDIOLOGY	0.075286	2,443,902	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0.344238	45,210	55.00
56.00	05600	RADIOISOTOPE	0.124560	679,322	56.00
57.00	05700	CT SCAN	0.035430	7,615,110	57.00
58.00	05800	MRI	0.104869	2,102,459	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069009	5,038,620	59.00
60.00	06000	LABORATORY	0.058701	19,522,461	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.332760	663,235	63.00
64.00	06400	INTRAVENOUS THERAPY	0.150290	324,017	64.00
65.00	06500	RESPIRATORY THERAPY	0.153370	6,514,728	65.00
66.00	06600	PHYSICAL THERAPY	0.302110	1,632,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269002	1,095,974	67.00
68.00	06800	SPEECH PATHOLOGY	0.454050	294,191	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112336	746,623	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181717	548,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330402	5,567,504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200611	8,370,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095385	40,804,519	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0.852520	608,361	76.00
76.20	03951	PAIN CLINIC	0.195302	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.395223	57,976	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.223073	15,850	90.00
91.00	09100	EMERGENCY	0.177420	5,459,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.694921	1,094,510	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		129,157,416	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)		129,157,416	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/24/2022 11:48 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176678	0	0	50.00
51.00	05100 RECOVERY ROOM	0.346823	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.521665	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.043376	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232202	4,919	1,142	54.00
54.10	03440 MAMMOGRAPHY	0.103909	0	0	54.10
54.20	03630 ULTRA SOUND	0.096619	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	0.075286	0	0	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0.344238	0	0	55.00
56.00	05600 RADIOISOTOPE	0.124560	0	0	56.00
57.00	05700 CT SCAN	0.035430	2,719	96	57.00
58.00	05800 MRI	0.104869	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.069009	0	0	59.00
60.00	06000 LABORATORY	0.058701	52,693	3,093	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.332760	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.150290	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.153370	53,795	8,251	65.00
66.00	06600 PHYSICAL THERAPY	0.302110	50,098	15,135	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.269002	42,503	11,433	67.00
68.00	06800 SPEECH PATHOLOGY	0.454050	4,557	2,069	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112336	2,336	262	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.181717	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.330402	3,375	1,115	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.200611	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.095385	213,099	20,326	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03330 ENDOSCOPY	0.852520	0	0	76.00
76.20	03951 PAIN CLINIC	0.195302	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.395223	616	243	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.223073	0	0	90.00
91.00	09100 EMERGENCY	0.177420	13,905	2,467	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.694921	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		444,615	65,632	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		444,615		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		26,918,400	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)		565,118	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)		126.63	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)		3.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.04	31.00
32.00	Sum of lines 30 and 31		16.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.25	33.00
34.00	Disproportionate share adjustment (see instructions)		218,712	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000211727	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	1,755,221	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	1,755,221	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,755,221		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)	29,457,451		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		29,457,451	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,197,249	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		315,305	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)		31,970,005	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		31,970,005	61.00
62.00	Deductibles billed to program beneficiaries		2,851,736	62.00
63.00	Coinsurance billed to program beneficiaries		44,978	63.00
64.00	Allowable bad debts (see instructions)		298,826	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		194,237	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		298,826	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		29,267,528	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		27,516	70.93
70.94	HRR adjustment amount (see instructions)		-190,635	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		318,069	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		28,786,340	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		28,673,260	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)		113,080	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		2,709,220	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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/24/2022 11:48 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,918,400	0	0	26,918,400	26,918,400
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	565,118	0	0	565,118	565,118
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0325	0.0325	0.0325	0.0325	0.0325
11.00	Disproportionate share adjustment (see instructions)	34.00	218,712	0	0	218,712	218,712
11.01	Uncompensated care payments	36.00	1,755,221	0	0	1,755,221	1,755,221
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	29,457,451	0	0	29,457,451	29,457,451
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	29,457,451	0	0	29,457,451	29,457,451
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,197,249	0	0	2,197,249	2,197,249

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/24/2022 11:48 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	315,305	0	0	315,305	315,305	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	31,970,005	31,970,005	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,028,846	0	0	2,028,846	2,028,846	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	101,045	0	0	101,045	101,045	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	0.0332	0.0332	0.0332	0.0332		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	67,358	0	0	67,358	67,358	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,197,249	0	0	2,197,249	2,197,249	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/24/2022 11:48 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,918,400		26,918,400	26,918,400	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	565,118		565,118	565,118	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	0.0325	0.0325	0.0325		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	218,712	0	218,712	218,712	11.00
11.01	Uncompensated care payments	36.00	1,755,221	0	1,755,221	1,755,221	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	29,457,451	0	29,457,451	29,457,451	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	29,457,451	0	29,457,451	29,457,451	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,197,249	0	2,197,249	2,197,249	16.00
17.00	Special add-on payments for new technologies	54.00	315,305	0	315,305	315,305	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	31,970,005	31,970,005	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/24/2022 11:48 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,028,846	0	2,028,846	2,028,846	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	101,045	0	101,045	101,045	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	0.0332	0.0332	0.0332		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	67,358	0	67,358	67,358	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,197,249	0	2,197,249	2,197,249	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	27,516	0	27,516	27,516	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	-190,635	0	-190,635	-190,635	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	318,069	318,069	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,970	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,601,872	2.00
3.00	OPPS payments		11,832,230	3.00
4.00	Outlier payment (see instructions)		1,192	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)		1,970	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		20,705	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)		20,705	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)		20,705	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,735	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)		1,970	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)		11,833,422	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		27	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,092,178	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)		9,743,187	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)		9,743,187	30.00
31.00	Primary payer payments		3,269	31.00
32.00	Subtotal (line 30 minus line 31)		9,739,918	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)		201,580	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		131,027	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		201,580	36.00
37.00	Subtotal (see instructions)		9,870,945	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)		9,870,945	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		9,917,048	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)		-46,103	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		751,718	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: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/24/2022 11:48 pm

		Title XVIII		Hospital	PPS	
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		28,673,260		9,917,048	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)		28,673,260		9,917,048	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		113,080		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		46,103	6.02
7.00	Total Medicare program liability (see instructions)		28,786,340		9,870,945	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0162
 Component CCN: 14-5590

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/24/2022 11:48 pm

		Title XVIII		Skilled Nursing Facility		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		118,396		0	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)		118,396		0	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		1		0	6.02	
7.00	Total Medicare program liability (see instructions)		118,395		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/24/2022 11:48 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			122,001 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			122,001 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of w/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			3,606 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			118,395 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.98	Recovery of accelerated depreciation.			0 14.98
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			118,395 15.00
15.01	Sequestration adjustment (see instructions)			0 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			118,396 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)			-1 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 14-0162

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

Worksheet G

Date/Time Prepared:
2/24/2022 11:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	65,993	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	102,083,495	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-75,634,275	0	0	0	6.00
7.00	Inventory	3,722,767	0	0	0	7.00
8.00	Prepaid expenses	10,724	0	0	0	8.00
9.00	Other current assets	2,883,173	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)	33,131,877	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,603,420	0	0	0	12.00
13.00	Land improvements	1,166,650	0	0	0	13.00
14.00	Accumulated depreciation	-1,093,568	0	0	0	14.00
15.00	Buildings	157,336,007	0	0	0	15.00
16.00	Accumulated depreciation	-80,362,134	0	0	0	16.00
17.00	Leasehold improvements	190,139	0	0	0	17.00
18.00	Accumulated depreciation	-154,179	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	65,405,250	0	0	0	23.00
24.00	Accumulated depreciation	-46,062,300	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	8,745,466	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	106,774,751	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	293,359,447	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	293,359,447	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	433,266,075	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,606,064	0	0	0	37.00
38.00	Salaries, wages, and fees payable	349,953	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	2,272,675	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-400,763	0	0	0	43.00
44.00	Other current liabilities	24,859,712	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,687,641	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	10,510,116	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,510,116	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,197,757	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	389,068,318	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	389,068,318	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	433,266,075	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0162

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

Worksheet G-1

Date/Time Prepared:
2/24/2022 11:48 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		361,195,455		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		50,899,038				2.00
3.00	Total (sum of line 1 and line 2)		412,094,493		0		3.00
4.00	OTHER	12,100,910		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		12,100,910		0		10.00
11.00	Subtotal (line 3 plus line 10)		424,195,403		0		11.00
12.00	EQUITY TRANSFER	35,127,085		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		35,127,085		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		389,068,318		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/24/2022 11:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,188,937		65,188,937	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	294,295		294,295	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)	65,483,232		65,483,232	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,483,232		65,483,232	17.00
18.00	Ancillary services	325,350,840	371,601,816	696,952,656	18.00
19.00	Outpatient services	16,381,596	52,508,065	68,889,661	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	3,112,424	10,533,470	13,645,894	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	410,328,092	434,643,351	844,971,443	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		182,077,557		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)		182,077,557		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0162

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

Worksheet G-3

Date/Time Prepared:
2/24/2022 11:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	844,971,443	1.00
2.00	Less contractual allowances and discounts on patients' accounts	625,552,114	2.00
3.00	Net patient revenues (line 1 minus line 2)	219,419,329	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	182,077,557	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,341,772	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,354,321	6.00
7.00	Income from investments	401,508	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	309,643	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	21,925	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	612,636	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH AND OTHER	1,222,847	24.00
24.01	FINANCE CHARGE	125,280	24.01
24.02	RISK VALUE	3,176,187	24.02
24.50	COVID-19 PHE Funding	7,002,806	24.50
25.00	Total other income (sum of lines 6-24)	14,227,153	25.00
26.00	Total (line 5 plus line 25)	51,568,925	26.00
27.00	PENSION AND TAXES	669,887	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	669,887	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	50,899,038	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0162	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/24/2022 11:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,028,846	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		101,045	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)		87.82	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)		3.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.04	8.00
9.00	Sum of lines 7 and 8		16.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.32	10.00
11.00	Disproportionate share adjustment (see instructions)		67,358	11.00
12.00	Total prospective capital payments (see instructions)		2,197,249	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